

Dear Patient,

To meet the requirements set forth by the Federal Government reporting requirements, we need to collect additional personal information of Height and Weight. As this is not a normal activity of an eye doctor, they have allowed us to acquire this information by asking you, the patient. Please fill in the information below as accurately as possible. Thank you for your cooperation.

My Normal Height is: \_\_\_\_\_ ft \_\_\_\_\_ inches or \_\_\_\_\_ inches

My Normal Weight is: \_\_\_\_\_ pounds

Patient Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_