



CUSTOM VISION

1-800-422-7014

# Patient Scheduling Request

Fax to Teplick Vision: 503-520-0403


Patient Name: \_\_\_\_\_

Patient Cell Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Patient would like to schedule a Lasik consultation

Patient is ready to schedule surgery

 Patient would like to speak with a Teplick Vision Doctor

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optometric Physician: \_\_\_\_\_, OD

Practice Location: \_\_\_\_\_

Office Phone: \_\_\_\_\_



Safer Sharper Smarter



Lasik Center for the  
Portland Trail Blazers



Official Lasik Center  
for the Portland Timbers



NASA Approved!