

PSS NEWS

Subscription Form

Please fill out below and mail, fax, or send as email attachment

PLEASE PLACE *education@psseyecare.com* ON YOUR SAFE LIST FOR YOUR EMAIL ACCOUNT

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ NPI # _____

EMAIL (**PRINT LEGIBLY**) _____

_____ Check here if you do NOT want your email information shared with industry sponsors

1. Which categories most accurately describes your professional status?

_____ Self-employed/owner _____ Employee of OD _____ Employee of MD
_____ Employee of chain _____ Military or VA _____ Optometry student

2. Which of the following do you buy or influence the purchase of? (Check ALL that apply)

_____ Spectacle Lenses _____ Instruments & Equipment _____ Contact Lenses

3. How many of the following do you dispense in an average week? (Please provide #)

_____ Contact Lenses _____ Spectacles _____ Rx Prescriptions

4. On the average, how many patients do you see a week? _____

5. Which of the following conditions do you manage?

_____ Glaucoma _____ Keratoconus Fitting _____ Vision Therapy
_____ Vision Therapy _____ Surgical Co-Management _____ Low Vision

Signature

_____ YES! I wish to receive PSS NEWS for FREE

Signature required _____ Date _____

Each issue will be emailed to you as a PDF file which you can view or print at your discretion. All questions must be answered in order to receive this free service. Incomplete forms will not be processed.

PSS EyeCare 19 Rollins Crossing Pittsford NY 14534
Phone: 203-415-3087 Fax: 585-310-7382 www.psseyecare.com