



Ludwick Eye Center

www.ludwickeycenter.com

PATIENT NAME: _____

David J. Ludwick, M.D., F.A.C.S.
Medical Director
Cataract Surgery & Glaucoma

YOUR APPOINTMENT DATE/TIME: _____
at _____ am/pm

Stephen L. Facchina, M.D.
Cataract Surgery & Glaucoma

YOUR APPOINTMENT LOCATION: _____ Chambersburg
_____ Hagerstown
_____ Waynesboro

Peter F. Danziger, M.D.
Medical Ophthalmologist

YOU ARE SCHEDULED TO SEE DR: _____

Cory L. Seylar, O.D.
Consultative Optometry

We look forward to your visit at Ludwick Eye Center. Please help us assure that your records are current and complete by filling out the enclosed paperwork prior to your visit. At the time of your appointment, please bring the COMPLETED paperwork, your insurance card(s), and a list of your current medications and your eyewear, if applicable.

James E. Grove, O.D., F.A.A.O.
Consultative Optometry

** Your initial visit for a *routine or diabetic examination* will take approximately **one hour**.

Michelle M. Kubancik, O.D.
Consultative Optometry

** Your initial visit for a *cataract or glaucoma evaluation* will take approximately **two hours**.

Amy L. Hennessy, M.D., M.P.H.
Glaucoma Specialist

Both eyes will be dilated for your examination. We suggest that you bring someone with you to drive you home or that you have transportation available after your visit with the doctor.

John J. Schietroma, M.D., F.A.C.S.
Oculoplastics

If your eye problem involves a decrease in your vision, refraction may be required for proper diagnosis and treatment. *Please note* that most insurance carriers do not cover the refraction; and collection of the fee for the refraction will be made on the date of service.

Should you have any questions about completing this paperwork, or concerns regarding your appointment, please feel free to contact our office.

THANK YOU!!!

825 Fifth Ave., Suite 102
Chambersburg, PA 17201
(717) 262-9700
Fax (717) 264-6522

1150 Professional Court, Suite B
Hagerstown, MD 21740
(301) 797-8788
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Waynesboro, PA 17268
(717) 762-1158
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