

Tell-a-Friend

Dr. Hogue, I would like for you to meet my friend:

new patient

Please provide them with the same personal eye care and add my name to your
Tell-a-Friend referral program.

Signed _____

current patient

Address _____

current patient

My friend will call 892-2020 to set up their appointment:

Monday Tuesday Wednesday Thursday Friday Saturday

_____ AM PM

Month, Date

Time

2421 Pleasant Avenue Hamilton, Ohio 45015

Please bring this form with you to your eye examination appointment.

This program might not be available in some insurance plans due to their rules.
This program is not available to patients referring other family members living at the same address.