

Tell-a-Friend

Dr. Hogue, My name is:

new patient

I have been referred to your eye care practice by:

current patient

They would like their name added to your **Tell-a-Friend** referral program.

I will call 892-2020 to set up my appointment on:

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.

