

P. Dee G. Stephenson, M.D., FACS
200 Palermo Place Venice, FL 34285

WELCOME TO OUR PRACTICE

We are pleased that you have chosen **Stephenson Eye Associates** to assist you in your eye care. **Dr. Dee Stephenson** has been in practice in Venice since 1989 and will do her very best to give you the excellent eye care you deserve. We think you will find our office and technical staff very pleasant and supportive of your needs.

We have enclosed a **Patient Registration Form**, a **Medical History Form**, and a **Notice of Privacy Practices** that we would like you to fill out and bring with you at the time of your appointment. We also ask that you please bring your **Insurance Cards** and a **Photo ID** for the office to copy. This will expedite your check-in procedure. We will be calling to remind you of your appointment the day before you are scheduled.

Please bring your eyeglasses with you for your appointment. Your eyes will be dilated for this initial examination.

Thank you again for choosing **Stephenson Eye Associates**. We look forward to meeting you at your appointed time.

YOUR APPOINTMENT DAY & TIME:

Stephenson Eye Associates
Office Staff
941-485-1121