



OAKLAND EYE CARE

Ophthalmologist
Thomas W. Biggs II, D.O.
Arlin H. French, D.O.
Stefanie D. Sherman, M.D.

Optometrist
Ashley M. Wesley, O.D.

The following questions are mandated by the government not Oakland Eye Care.

PREFERENCE FOR CONTACT (Please mark your first choice of contact)

- Phone – HOME
- Phone – CELL
- Phone – WORK
- Email _____ @ _____
- TEXT _____
- U.S. Mail

PRIMARY LANGUAGE

List primary language; example English, Spanish, French, Etc...

_____ Decline to Answer

RACE (Check one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific
- White
- Decline to Answer

ETHNICITY

- NOT** Hispanic or Latino
- Hispanic or Latino
- Unknown
- Decline to Answer

PATIENTS NAME: _____