



EyeCare Associates
of South Tulsa

TLC
Laser Eye Centers®



On November 10th our doctors will be ***Giving Thanks By Giving Sight*** in honor of Veterans Day. They will be volunteering their time, staff, clinic and surgery center to help at least 20 veterans in need of cataract surgery at no cost. If you are or know of a veteran who could truly benefit from the gift of sight, please refer them.

You can fill out the attached form and drop it off at our office or fax to **(918)893-9246**.

You can also fill the form out online at
www.southtulsaeye.com

We will be selecting patients based on need and who might benefit the most by having this procedure done.

10010 E 81st St, Suite 100 Tulsa OK, 74133 | 918.250.2020 | www.southtulsaeye.com



VETERANS APPLICATION FOR PRO BONO CATARACT PROCEDURE

Veterans First, Middle, and Last Name: _____

☐ Male ☐ Female DOB: ____/____/____ SSN: ____-____-____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Branch of Service	Date Entered Active Duty	Date Left Active Duty	Type of Separation or Discharge

You Served In: (Check appropriate box(es))

- | | | |
|--|---|---|
| <input type="checkbox"/> World War II | <input type="checkbox"/> Post Korean Conflict | <input type="checkbox"/> Gulf War |
| <input type="checkbox"/> Post World War II Era | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Operation Enduring Freedom |
| <input type="checkbox"/> Korean Conflict | <input type="checkbox"/> Post Vietnam | <input type="checkbox"/> Operation Iraqi Freedom |

How did you hear about this opportunity? ☐ EyeCare Patient ☐ EyeCare Employee

☐ Current Optometrist: _____ ☐ Other : _____

Do you have Insurance? ☐ Yes ☐ No If yes, Insurance name: _____

Have you had a cataract screening or evaluation: ☐ Yes ☐ No

If yes: Date: ____/____/____ Doctor's name: _____

Are you employed? ☐ Yes ☐ No If yes, who is your employer: _____

What are your job duties: _____

I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ Date: _____

