ADVANCED EYE & LASER
CENTER OF CALIFORNIA, INC.

PAUL HUYNH, M.D., Ph.D.
Board Certified
Physician and Surgeon
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Phone: 858-549-3200
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Ms/Mrs/Mr LAST NAME FIRST NAME MI Sex(M/F)

ADDRESS CITY STATE ZIP CODE

HOME PHONE WORK PHONE CELL PHONE (circle your preferred #)

EMAIL BIRTH DATE

Would you like to be added to our mailing list? Y / N

***HOW DID YOU HEAR ABOUT ADAVANCED EYE & LASER CENTER?

Referring Physician:_____ Friend/Relative:_____

Phonebook:_____ Internet:_____

Advertisement:_____ Walk-in/Drive-by:_____

Other:_____

EMERGENCY CONTACT (Nearest Relative)

Ms/Mrs/Mr LAST NAME FIRST NAME MI Sex(M/F)

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