

**COMPLETE THIS APPLICATION FOR HEARING PATIENTS ONLY**  
**SPONSORING LIONS CLUB IS RESPONSIBLE FOR TRANSPORTATION AND THE COST OF HEARING AIDS**  
**TO BE CONSIDERED FOR HEARING SERVICE, APPLICATIONS MUST INCLUDE**  
**A CHECK TO COVER THE COST OF ONE HEARING AID**

(THANKS TO THE LIONS INTERNATIONAL AFFORDABLE HEARING AID PROGRAM, THE COST FOR ONE HEARING AID HAS BEEN REDUCED TO \$125)

(Please mark one) Is this application for a NEW PATIENT \_\_\_\_\_ or Renewal for a CURRENT PATIENT \_\_\_\_\_

**RETURN TO: MID-SOUTH LIONS, 930 MADISON AVE, SUITE 101, MEMPHIS, TN 38103**

THE HEARING CLINIC IS LOACTED AT:  
METHODIST UNIVERSITY HOSPITAL , 1265 UNION AVENUE, MEMPHIS, TN 38104

**INTERVIEWING LION SHOULD ASSIST POTENTIAL PATIENTS IN COMPLETING THIS APPLICATION.**  
**SUBMITTING AN INCOMPLETE APPLICATION, OR AN APPLICATION WITHOUT A CHECK FOR \$125**  
**WILL CAUSE AN UNNECESSARY DELAY IN PROVIDING SERVICE TO YOUR PATIENT (PLEASE PRINT LEGIBLY)**

SPONSORING LIONS CLUB \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWING LION \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ LIONS DISTRICT \_\_\_\_\_

**ALL PATIENT INFORMATION IS REQUIRED TO BE CONSIDERED FOR SERVICE**

PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NUMBER IN THE HOUSEHOLD \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ MEDICARE/MEDICAID/TNCARE # \_\_\_\_\_

YEAR/MAKE & MODEL OF YOUR VEHICLE(S) \_\_\_\_\_ MONTHLY HOUSE/RENT PAYMENT \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE? \_\_\_\_\_ If so, YOUR GROUP AND NUMBER \_\_\_\_\_

OTHER MONTHLY MEDICAL BILLS \_\_\_\_\_ ANNUAL HOUSEHOLD INCOME \_\_\_\_\_

**INCLUDE INCOME VERIFICATION SUCH AS FORM W-2, MOST RECENT 1040, GOVT OR PAYROLL CHECK STUB, PUBLIC ASSISTANCE DOCUMENTS, ETC.**

IN ORDER TO HELP SECURE FUNDS FOR CURRENT AND FUTURE PATIENTS, MID-SOUTH LIONS REQUESTS YOUR COOPERATION BY SIGNING BELOW (PATIENT OR PARENT/GUARDIAN). MID-SOUTH LIONS SOMETIMES USES PHOTOGRAPHS, FILM, VIDEOTAPE, NEWS RELEASES, INTERNET PUBLICATIONS AND ARTICLES TO KEEP THE PUBLIC INFORMED OF OUR SERVICES AND ACTIVITIES. OCCASIONALLY, OUTSIDE PHOTOGRAPHERS FROM NEWSPAPERS AND/OR TELEVISION STATIONS ARE ALSO USED TO HELP ILLUSTRATE OUR ACTIVITIES. WE APPRECIATE YOUR PERMISSION TO PHOTOGRAPH YOU AND/OR USE YOUR NAME AND STORY ABOUT YOUR VISITS TO OUR FACILITIES AND TO USE THEM AS MENTIONED ABOVE. BY SIGNING BELOW, YOU INDEFINITELY WAIVE THE RIGHT TO INSPECT OR APPROVE THESE PHOTOGRAPHS AND/OR MATERIALS BEFORE PUBLICATION OR AIRING. ALSO MID-SOUTH LIONS SIGHT AND HEARING SERVICE AND IT'S AFFILIATED CORPORATIONS, OFFICERS, AGENTS, EMPLOYEES, LIONS CLUBS AND MEDICAL CONSULTANTS ARE INDEFINITELY RELEASED FROM ALL DEBTS, CLAIMS AND/OR LIABILITY OF ANY KIND ARISING OUT OF OR IN CONNECTION WITH THE USE OF YOUR NAME, STORY AND/OR STATEMENTS AND THE USE OF ANY CAPTION OR DESCRIPTION OF MATERIAL THEREWITH.

\_\_\_\_\_  
**PATIENT (OR PARENT/GUARDIAN) SIGNATURE**

**PATIENT INFORMATION (COMPLETE IF THE PATIENT IS UNDER 19)**

PARENT OR LEGAL GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS (ONLY IF DIFFERENT THAN PATIENT) \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**REPORT OF MID-SOUTH LIONS' EXAMINING PHYSICIAN (FOR CLINIC USE ONLY)**

DX(DIAGNOSIS) \_\_\_\_\_

RX & PX (PRESCRIBED TREATMENT, SURGERY AND/OR \_\_\_\_\_

**COMPLETE THIS APPLICATION FOR SIGHT PATIENTS ONLY**  
**ALL SIGHT PATIENTS SHOULD BE EXAMINED LOCALLY PRIOR TO BEING REFERRED TO MID-SOUTH**  
**RETURN TO: MID-SOUTH LIONS, 930 MADISON AVE, MEMPHIS, TN 38103**

(Please mark one) Is this application for a NEW PATIENT \_\_\_\_\_ or Renewal for a CURRENT PATIENT \_\_\_\_\_

*INTERVIEWING LION SHOULD ASSIST POTENTIAL PATIENTS IN COMPLETING THIS APPLICATION.  
SURGERY PATIENTS FROM MEMBER CLUBS (THOSE MAKING AN ANNUAL CONTRIBUTION TO MID-SOUTH) WILL RECEIVE PRIORITY  
SUBMITTING AN INCOMPLETE APPLICATION WILL CAUSE AN UNNECESSARY DELAY IN PROVIDING SERVICE TO YOUR PATIENT  
(please print legibly)*

Sponsoring Lions Club \_\_\_\_\_ Date \_\_\_\_\_

Interviewing Lion \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Lions District \_\_\_\_\_

**(Sponsoring clubs are responsible for transportation and eyeglasses, please indicate your clinic preference)**

Please mark here if the patient needs a prosthesis (artificial eye)

HAMILTON EYE INSTITUTE, MEMPHIS, TN       BOOZMAN-HOF, ROGERS, AR       GULF COAST EYE CENTER, OCEAN SPRINGS, MS  
930 Madison Ave      3737 West Walnut      3430 Bienville Blvd

WALLACE EYE CLINIC, HOT SPRINGS, AR       Ophthalmology Associates of Rolla       ASHFORD EYE CLINIC, JACKSON, MS  
211 Mcauley Court      720 S. Bishop, Rolla, MO      501 Marshall St, Suite 604

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number in the Household \_\_\_\_\_ Social Security # \_\_\_\_\_ Medicare/Medicaid/Tncare # \_\_\_\_\_

Year/Make & Model of your vehicle(s) \_\_\_\_\_ Monthly House/Rent Payment \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ If so, your group and number \_\_\_\_\_

Other monthly medical bills \_\_\_\_\_ Annual household income \_\_\_\_\_

**include income verification such as form W-2, most recent 1040, govt or payroll check stub, public assistance documents, etc.**

In order to help secure funds for current and future patients, Mid-South Lions Requests your cooperation by Signing below (Patient or Parent/Guardian). Mid-South Lions sometimes uses photographs, film, videotape, news releases, internet publications and articles to keep the public informed of our services and activities. Occasionally, outside photographers from newspapers and/or television stations are also used to help illustrate our activities. We appreciate your permission to photograph you and/or use your name and story about your visits to our facilities and to use them as mentioned above. By signing below, you indefinitely waive the right to inspect or approve these photographs and/or materials before publication or airing. Also Mid-South Lions Sight And Hearing Service and it's affiliated corporations, officers, agents, employees, Lions Clubs and medical consultants are indefinitely released from all debts, claims and/or liability of any kind arising out of or in connection with the use of your name, story and/or statements and the use of any caption or description of material therewith.

\_\_\_\_\_  
**Patient (or parent/guardian) Signature**

**PATIENT INFORMATION (COMPLETE IF THE PATIENT IS UNDER 19)**

Parent or Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address (only if different than patient) \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

---

---

**REPORT OF MID-SOUTH LIONS' EXAMINING PHYSICIAN (FOR CLINIC USE ONLY)**

DX(Diagnosis) \_\_\_\_\_

RX & PX (Prescribed Treatment, Surgery and/or Prognosis) \_\_\_\_\_