

# SKILLED PHYSICIANS. CARING FOR YOUR SIGHT. CARING FOR YOU.

At RGB, when it comes to caring for your eyes, it's all about you. From our friendly, caring staff to our team of experienced, highly trained surgeons, you can count on RGB for the latest technologies and the safest, most effective procedures to ensure your vision is the best it can be. After all, the greater your quality of sight, the greater your quality of life.

## William B. Plauché, M.D.

### EDUCATION

- BS from University of Louisiana at Monroe, Summa Cum Laude.
- Graduated Medical School from Louisiana State University Health Science Center in Shreveport, LA.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.

### MILITARY SERVICE

- United States Army: Infantry
- Louisiana National Guard
- Army Reserves, medical officer providing services to soldiers deploying to Iraq & Afghanistan.
- Earned 3 Certificates of Achievement, 2 Army Achievement Medals, Army Commendation Medal.
- Completed his service in the Army as a Captain.

## Andrew D. Bossen, M.D.

### EDUCATION

- Graduated Summa Cum Laude with a BS in Biomedical Science from Texas A&M University in College Station, TX.
- Doctor of Medicine degree from Texas A&M Health Science Center College of Medicine, graduating in the top 10% of his class.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.
- During residency, he performed the second highest volume of cataract surgery among all resident physicians at Scott & White Memorial Hospital at the time.

### PROFESSIONAL ASSOCIATIONS

- American Academy of Ophthalmology
- Texas Medical Association
- Alpha Omega Alpha Medical Honor Society
- American Society of Cataract & Refractive Surgeons
- Grayson County Medical Society

## Roy E. Lehman, M.D.

### EDUCATION

- BS in Biology from Hardin-Simmons University, Summa Cum Laude.
- Graduated with Honors from Texas A&M Health Science Center College of Medicine in College Station, TX.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.
- Cornea & Refractive Surgery Fellowship at Dean McGee Eye Institute in Oklahoma City.

### PROFESSIONAL ASSOCIATIONS

- Cornea Society
- American Academy of Ophthalmology
- Texas Medical Association
- American Society of Cataract & Refractive Surgeons
- Christian Ophthalmology Society
- Society for Excellence in Eyecare

## Dr. Matthew R. Phillips, M.D.

### EDUCATION

- BS in Microbiology with Special Distinction from University of Oklahoma.
- Doctor of Medicine degree from University of Oklahoma Health Sciences Center.
- Medical internship and ophthalmology residency completed at Scott & White Memorial Hospital in Temple, TX.

### PROFESSIONAL ASSOCIATIONS

- American Academy of Ophthalmology
- American Medical Association
- American Society of Cataract and Refractive Surgeons
- Christian Ophthalmology Society

## Jeffrey B. Harris, O.D.

### EDUCATION

- Received a BS in Biology from Harding University in Searcy, AR.
- Achieved Doctor of Optometry from the University of Houston College of Optometry.
- BSK Honor Society

### PROFESSIONAL BACKGROUND

- Scott & White Clinical Faculty – Maintained a large patient base while also teaching ophthalmology residents in preparation for the Ophthalmic Knowledge Assessment Program exam & clinical use.
- Integrity Digital Solutions, LLC – One of the founders of the business; developed and designed electronic medical record software for ophthalmology & optometry.



*For the treatment you and your eyes deserve.*

1625 HWY 75N • Sherman, TX • 903.892.3282 | 1501 N. Washington Ave • Durant, OK • 580.745.9191 | [rgbeye.com](http://rgbeye.com)



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## WELCOME TO RGB CATARACT AND LASIK

We look forward to helping you with your eye care needs. Please complete all forms and return to the receptionist.

Social Security #			Today's Date	
First Name		MI	Last Name	
			Dr	Mr Mrs Ms
			Title (circle one)	
Address				
City		State		Zip Code
Date of Birth	Age	Marital Status		Male Female
			Sex (circle one)	
Hispanic or Latino		Not Hispanic or Latino		
Ethnicity (circle one)		Race		Preferred Language
Home Phone #	Work Phone #		Emergency Contact and Phone#	
Mobile Phone #			Fax #	
Employer			Email Address	
May we call you at work? (circle one)			May we contact you via email? (circle one)	
Yes No			Yes No	
Spouse's Name			Phone #	
Parent or Legal Guardian (if Minor)			Phone #	
Referred by				

**PRIMARY INSURANCE INFORMATION**

Primary Insurance Company

Relationship to Patient

First Name

MI

Last Name

Title

Insured's Date of Birth

Sex

Insured's Social Security #

**SECONDARY INSURANCE INFORMATION**

Secondary Insurance Company

Relationship to Patient

First Name

MI

Last Name

Title

Insured's Date of Birth

Sex

Insured's Social Security #

**MEDICARE PATIENTS:**

I request that payment of authorized Medicare benefits be made to RGB Eye Associates, P.A. for services rendered to me. I authorize any holder of medical information about me to release to the Center of Medicare and Medicaid Services and its agents any information needed to determine these benefits or benefits payable to related services. I understand my signature requests that payment be made and authorizes the release of medical information necessary to pay the claim. In Medicare assigned cases, the provider agrees to accept the charge determination of the Medicare carrier and I am responsible for the Medicare deductible, co-insurance, or the twenty percent (20%) that Medicare does not pay for any non-covered services.

Signature

Date

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION:**

I hereby authorize payment of my medical and surgical insurance benefits to RGB Eye Associates, P.A. I understand that I am financially responsible for any charges, whether or not paid by said insurance company. If I owe deductibles and/or other co-payments, I agree to pay them to RGB Eye Associates, P.A. I authorize RGB Eye Associates, P. A. to release any information required to process any and all claims for reimbursement on my behalf. A copy of authorization may be used in place of the original.

Signature

Date

# IMPORTANT INFORMATION ABOUT YOUR UPCOMING CATARACT OR LASIK EVALUATION

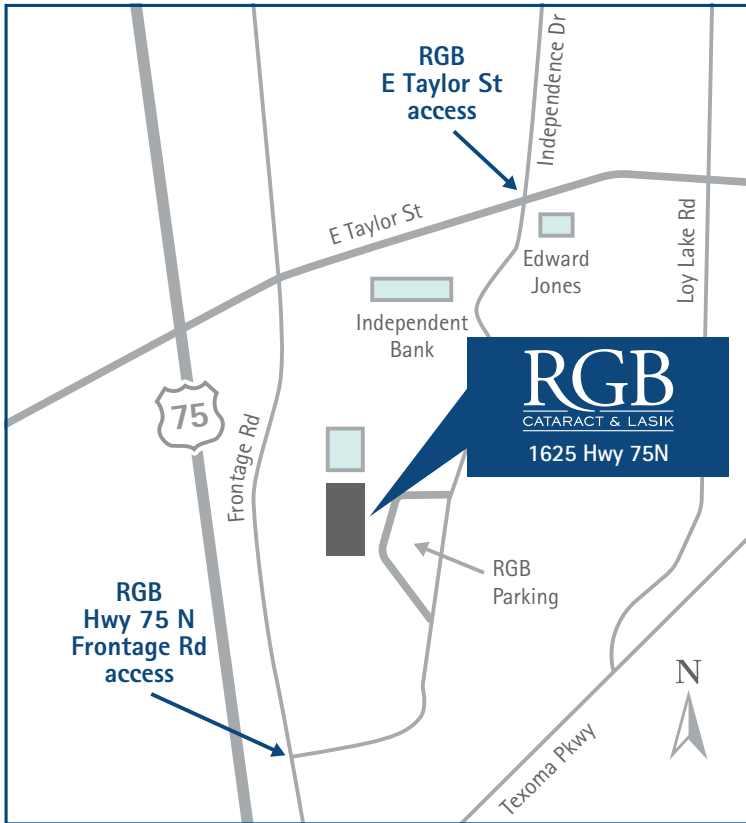
**All patients:** In order to promote a healthy ocular surface and high quality measurements, we recommend you begin using over the counter lubricating drops 2 weeks prior to your cataract or LASIK evaluation. Use one drop in both eyes four times daily.

**Contact Lens Wearers:** You will need to remove soft contact lenses at least 1 week before your cataract evaluation. If you wear gas permeable or hard contact lenses, please remove for 3 weeks. Feel free to call our office if you have any questions.

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IF YOU ARE COMING FOR A LASIK EVALUATION  
PLEASE CALL FOR DETAILED INSTRUCTIONS.

# DIRECTIONS



## SHERMAN LOCATION

1625 HWY 75N | Sherman, TX

### TAYLOR STREET ACCESS

Enter at Edward Jones Bldg and drive through parking lot south past Independent Bank to RGB parking.

### HWY 75 N ACCESS

Drive north on Hwy 75 east access road toward Taylor Street; turn right on unnamed street and follow to RGB parking.



## DURANT LOCATION

1501 N. Washington Ave. | Durant, OK

**RGB**  
CATARACT & LASIK

*For the treatment you and your eyes deserve.*