



Date: _____ ID# _____

Sound Vision Care, Inc.

Locations

Riverhead
887 Old Country Rd, Suite G-L
(631) 727-2858 | fax (631) 727-2866

Southold
44210 County Rd 48, Suite 1,
PO BOX 463
(631) 765-3092 | fax (631) 765-3046

Westhampton Beach
200 Montauk Highway
(631) 283-0220 | fax (631) 283-0299

Coram
3650 Route 112, Suite 101
(631) 732-0822 | fax (631) 732-0018

East Setauket
23 Technology Drive, Suite 5
(631) 675-6909 | fax (631) 675-6910

West Islip
502 Union Blvd
(631) 422-2442 | fax (631) 492-9109

Doctors

Jeffrey S. Williams Sr., OD
Comprehensive Optometry
Contact Lenses
Disease Diagnosis & Management

Jeffrey S. Williams Jr., OD Dipl., ABO
Board Certified Optometrist
Comprehensive Optometry
Specialty Contact Lenses
Disease Diagnosis & Management

Monika Murawska, OD
Comprehensive Optometry
Contact Lenses
Disease Diagnosis & Management

Cynthia Wiener, OD
Comprehensive Optometry
Pediatric Optometry
Contact Lenses
Disease Diagnosis & Management

Michelle McKillop, OD
Comprehensive Optometry
Contact lenses
Disease Diagnosis & Management

www.soundvisioncare.com

e-mail:
office@soundvisioncare.com

COVID-19 Screening for Visitors

To protect everyone, including staff, we are asking all visitors to complete the following questionnaire.

Name: _____

Date: _____

Have you in the past 30 days:

- Traveled to New York from outside of the United States?
YES / NO
- Been in contact with a novel coronavirus (COVID-19) infected person?
YES / NO

Have you had the following symptoms in the last few days:
Felt unwell, especially with respiratory symptoms such as cough, high temperature, shortness of breath, or difficulty breathing?

YES / NO

If you answered YES to any of the above questions, we must ask that you leave our office and call 631-727-2858 to reschedule your appointment with reception.

Patient Signature: _____