24230 Kuykendahl Rd. Suite 260 Tomball, TX 77375 Phone: (832) 639-8910 Fax: (832) 639-8150

Patient Records Release Authorization

To the Facility: _____ Dr. Name: _____

Facility Phone: _____ Facility Fax: _____

PATIENT INFORMATION

Patient's Name: _____

Patient's Date of Birth: _____ Telephone Number: _____

Patient's Address: _____

I authorize the release of my records:

☐ The release of my Glasses Rx

☐ The release of my Contact Lens Rx

☐ The release of my Exams Record

Please fax my records to (832) 639-8150. Thank you.

_____ _____

Patient or Authorized Representative Signature Date