

AUTHORIZATION TO RELEASE VISION RECORDS



Alvernon & 5th
440 N. Alvernon Way
Tucson, AZ 85711
520-327-6211

Campbell
2820 N. Campbell Ave.
Tucson, AZ 85719
520-323-3937

Casas Adobes
6987 N. Oracle Rd
Tucson, AZ 85704
520-297-2501

Green Valley
230 W. Continental Rd.
Suite 408
Green Valley, AZ 85622
520-625-5657

Silverbell Eyecare Center
2500 N. Silverbell Rd
Suite 180
Tucson, AZ 85745
520-884-9600

Sunrise
4777 E. Sunrise Dr.
Suite 127
Tucson, AZ 85718
520-299-4000

Tanque Verde
7125 E. Tanque Verde Rd.
Tucson, AZ 85715
520-296-4157

TO: _____

I authorize and request release of my records **from:**

- | | | |
|--------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Paul Cinalli, O.D. | <input type="checkbox"/> James J. Murphy, O.D. | <input type="checkbox"/> David Tetrault, O.D. |
| <input type="checkbox"/> Randal Johnson, O.D. | <input type="checkbox"/> Theresa Setlock, O.D. | <input type="checkbox"/> Paul Schwartz, O.D. |
| <input type="checkbox"/> Laura B. Schillig, O.D. | <input type="checkbox"/> Sharon K. Peterson, O.D. | <input type="checkbox"/> Carol Schulte, O.D. |
| <input type="checkbox"/> Alvernon Optical / Silverbell | <input type="checkbox"/> Richard Baim, O.D. | <input type="checkbox"/> _____ |

I authorize and request release of my records **to:**

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| <input type="checkbox"/> Paul Cinalli, O.D. | <input type="checkbox"/> James J. Murphy, O.D. | <input type="checkbox"/> David Tetrault, O.D. |
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| <input type="checkbox"/> Laura B. Schillig, O.D. | <input type="checkbox"/> Sharon K. Peterson, O.D. | <input type="checkbox"/> Carol Schulte, O.D. |
| <input type="checkbox"/> Alvernon Optical / Silverbell | <input type="checkbox"/> Richard Baim, O.D. | <input type="checkbox"/> _____ |

Please release my records as indicated below:

- My complete record of last _____ years of history
- Last office visit notes
- Last glasses or contact lens Rx
- Other _____

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Please Print Name: _____

Relationship: _____

Witnesses's Signature: _____

Date: _____

Witnesses's Printed Name: _____

I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance thereon. The consent will expire 1 year from the date of signature. Any information which is protected under Federal confidentiality rule (42 CFR Part 2) will be treated as specified by such rules. 20AVN-110398