

# Eye Physicians and Surgeons, Inc.

Diseases and Surgery of the Eye • Cornea and External Disease • Refractive Surgery  
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## Records Release

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to release to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the release of any information including the diagnosis and records of any treatment rendered to me during the period from \_\_\_\_\_ to \_\_\_\_\_.

Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_