Eagle Eye Care

Dr. Eric V. Ball, O.D. Dr. Elaine Shih, O.D.
100 Country Club Rd, #120, Argyle TX 76226
Office (940) 464-2020 Fax (940)464-2021

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: ____________________ Patient Name: ____

Social Security #: ____

Date of Birth: ____

I hereby freely authorize: Dr. ____

Office Name ____

Phone Number ____

Fax Number ____

to release my complete medical records and related information contained therein. This information is released for the purpose of continuity of care.

I authorize release of this information to the following:

Dr. ____

Office Name ____

Phone Number ____

Fax Number ____

The information to be disclosed is from records whose confidentiality is protected by certain state laws and further disclosure without specific written consent of the undersigned except in emergency conditions or otherwise as permitted by such laws. I understand that I may revoke this consent at any time and, in an event, this document will expire after one year from the date signed by me unless otherwise specified.

____ _____________________________________
Patient Name Date

____ _____________________________________
Signature Witness