



11810 W. Market Place Suite 200 Fulton, MD 20759

Phone: 301-760-7771 Fax: 301-715-8808

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

PATIENT INFORMATION:

Name: _____ DOB: _____

Previous Eye Doctor Name / Practice:

Fax To: (301) 715-8808

DATE(S) OF INFORMATION TO BE DISCLOSED:

From (month/year) _____ To (month/year) _____

Entire Record

Lab Work

Operative Report

Patient/Guardian signature

Date