OPTOMETRY MEDICAL GROUP
OptometryMedicalGroup.com

☐ 3324 Rainier Ave, Seattle WA 98144
P. 206.322.6915 | F. 206.395.2315
☐ 1721 22 Ave, Seattle WA 98122
P. 206.395.2285 | F. 206.395.2329

AUTHORIZE TO RELEASE HEALTHCARE INFORMATION

Patient's Name _____ Date of Birth _____/_____/_____

I request and authorize _____ to release healthcare information of the patient named above **to:**

Optometry Medical Group

Dr. Huy Le Hoang | Dr. Jemimah Corpuz

Rainier Location
3324 Rainier Ave, Seattle WA 98144
P. 206.322.6915 | F. 206.395.2315

Madison Location
1721 22 Ave, Seattle WA 9812
P. 395.2285 | F.395.2329

email: info@OptometryMedicalGroup.com

This request and authorization apply to:

☐ Healthcare information relating to the treatment, condition, or dates:

_____

☐ Retinal Photos/ OTC/ Visual Field **(email to info@OptometryMedicalGroup.com)**

☐ All healthcare information

☐ Other: _____

Patient Signature _____ Date Signed_____