

**Paul V. Minotty, M.D.**  
Board Certified • Cataract Surgery  
General Ophthalmology • Glaucoma

**David J. O'Brien, M.D.**  
Board Certified  
Fellowship Trained Refractive Surgeon  
General Ophthalmology • Glaucoma  
Eyelid Surgery • Aesthetics



**Roger J. Meyer, M.D.**  
Honorary Staff

**Stephen M. Tate, M.D.**  
Board Certified • Cataract Surgery  
General Ophthalmology • Glaucoma

**Robert M. Reinauer, M.D.**  
Retina Fellowship Trained  
Surgical/Medical Treatment of the  
Retina & Vitreous  
Macular Degeneration • Diabetic Eye Care

**RECORD'S DEPARTMENT FAX: (772) 257-8705**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

\_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE INITIAL

\_\_\_\_\_  
DATE OF BIRTH

I HEREBY AUTHORIZE NEW VISION EYE CENTER TO:

\_\_\_\_\_  
RELEASE MY MEDICAL RECORDS TO:  
\_\_\_\_\_  
OBTAIN MY MEDICAL RECORDS FROM:

ALL RECORDS

LAST 12 MONTHS

**\*\*PLEASE INCLUDE ALL EXAMS, VISUAL FIELDS, OCT's, AND ANY OTHER IMAGING STUDIES**

DOCTOR OR FACILITY:

\_\_\_\_\_

STREET ADDRESS:

\_\_\_\_\_

CITY/STATE/ZIP:

\_\_\_\_\_

PHONE/FAX NUMBER:

\_\_\_\_\_

INFORMATION TO BE:

MAILED

FAXED

PICK UP

DATE: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE IN ONE (1) YEAR FROM THE DATE OF THE SIGNATURE OR UNTIL IT IS REVOKED IN WRITING TO AN AUTHORIZED EMPLOYEE OF THE NEW VISION EYE CENTER.

I HEREBY RELEASE NEW VISION EYE CENTER AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM THE RELEASE OF INFORMATION AS I HAVE DIRECTED.

\_\_\_\_\_  
PATIENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE