NEW VISION EYE CENTER

Authorization For Release Of Information

RECORD'S DEPARTMENT FAX: (772) 257-8705

Paul V. Minotty, M.D.
Board Certified
Custom Cataract Surgery
Laser Cataract Surgery
Near Vision Lenses
General Ophthalmology
Glaucoma

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

Stephen M. Tate, M.D.
Board Certified
Custom Cataract Surgery
Anterior Segment Surgery
General Ophthalmology
Glaucoma

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

Roger J. Meyer, M.D.
Honorary Staff

_____

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

1055 37th Place
Vero Beach, Florida 32960
(772) 257-8700 · 1-877-MINOTTY
Fax: (772) 257-8705
NewVisionEyeCenter.com