Tennessee River Eye Clinic
Mark A. Kassels, M.D and Jan C. Lenz, O.D.
1110 S. Montgomery Ave
Sheffield, AL 35660
256-381-2020
256-381-7754

Release of Information Authorization

_____

Patients Name(Print) Date of Birth SSN

I authorize Tennessee River Eye Clinic to release my information to the following individuals:

_____

Name Relationship Phone

_____

Name Relationship Phone

_____

Patients Name Print (or Authorized Representative) Date

_____

Signature (patient or representative) Date

_____

Witness signature Date

Release of Medical Records Authorization

_____

Patients Name(Print) Date of Birth SSN

I request that:

_____

Doctor/Hospital/Facility Name

_____

Address

_____

City State Zip

Release my medical records to Tennessee River Eye Clinic for the purpose of continuity of medical care.

_____

Patients signature Date

_____

Witness signature Date