

Alvernon Optical, Inc. / Casas Adobes Optical, Inc.

440 N. Alvernon Way
Tucson, AZ 85711
(520) 327-6211

4747 E. Sunrise Dr.
Tucson, AZ 85718
(520) 299-4000

7123 E. Tanque Verde
Tucson, AZ 85715
(520) 296-4157

2820 N. Campbell Ave.
Tucson, AZ 85719
(520) 323-3937

6987 N. Oracle Road
Tucson, AZ 85704
(520) 297-2501

230 W. Continental Rd., Ste 408
Green Valley, AZ 85622
(520) 625-5657

AUTHORIZATION TO RELEASE VISION RECORDS

TO: _____

I authorize and request release of my records from:

Paul Cinalli, O.D.

Jamie Hiscox, O.D.

Kenneth Lord, O.D.

Dale Sarratt, O.D.

David Tetrault, O.D.

Theresa Setlock, O.D.

Paula C. Peterson, O.D.

Dr. Victor C. Arias

Alvernon Optical, Inc.

Casas Adobes, Inc.

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Please release my records as indicated below:

My complete record or last _____ years of history

Last office visit notes

Last glasses and contact lens Rx

Other _____

Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Please print name: _____

Relationship: _____

Witness's Signature _____ Date: _____

Witness's Printed Name _____

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance thereon. The consent will expire 1 year from date of signature. Any information which is protected under Federal confidentiality rule (42 CFR Part 2) will be treated as specified by such rules.