

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

440 N. Alvernon  
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 Rd.  
Tucson, AZ 85704  
(520) 297-2501

101-69 S. La Canada  
Green Valley, AZ 85614  
(520) 625-5657

## AUTHORIZATION TO RELEASE VISION RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize and request release of my records from:

Paul Cinalli, O.D.

James Liston, O.D.

Kenneth Lord, O.D.

Dale Sarratt, O.D.

David Tetrault, O.D.

Kenneth Welsh, O.D.

Paula C. Peterson, O.D.

Dr. Victor C. Arias

Alvernon Optical, Inc.

Casas Adobes, Inc.

Please release my records as indicated below:

my complete record or last \_\_\_\_\_ years of history

last office visit notes

last glasses or contact lens Rx

other \_\_\_\_\_

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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 or 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.