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

7125 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

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, OD
❑ Paula C. Peterson, OD
❑ Michael Shurtz, OD
❑ Alvernon Optical, Inc.
❑ Kenneth Lord, OD
❑ Theresa Setlock, OD
❑ Sharon K. Peterson, OD
❑ Casas Adobes, Inc.
❑ David Tetrault, OD
❑ James J. Murphy, OD
❑ _____

❑ I authorize and request release of my records ***to*:**

❑ Paul Cinalli, OD
❑ Paula C. Peterson, OD
❑ Michael Shurtz, OD
❑ Alvernon Optical, Inc.
❑ Kenneth Lord, OD
❑ Theresa Setlock, OD
❑ Sharon K. Peterson, OD
❑ Casas Adobes, Inc.
❑ David Tetrault, OD
❑ James J. Murphy, OD
❑ _____

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.