Orchard Eye Clinic

1111 E Cambridge St
Bolivar, Missouri 65613
Phone: (417) 567-0288
Fax: (417) 567-0244

MEDICAL RECORDS RELEASE AUTHORIZATION

PATIENT INFORMATION

Patient's Full Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

E-Mail Address: _____

AUTHORIZATION RECIPIENT INFORMATION

IF RELEASING TO AN INDIVIDUAL

Full Name: _____

Relationship to Patient: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

IF RELEASING TO A HEALTHCARE PROVIDER

Office Name: _____

Provider Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

IF RELEASING TO A COMPANY/BUSINESS (E.G. LEGAL OFFICE)

Company Name: _____

Authorized Representative: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

INFORMATION TO BE RELEASED

☐ Complete Medical Records

☐ Specific Date Range From: _____ To: _____

☐ Specific Information (describe): _____

_____

PURPOSE OF RELEASE

☐ Transfer to New Healthcare Provider

☐ Legal Proceedings

☐ Caregiver/Family Member

☐ Other: _____

Patient Signature: _____ Date: _____