

LENS DOCTORS

MORE THAN 20/20

Peter K. Mocklis, O.D. Marcy V. Schultenover, O.D. Wendy Crusberg, O.D. Michael E. Johnson, O.D. Patricia Samuel, O.D. Nadiya Oleksiv, O.D.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

REASON FOR RELEASE: _____

SIGNATURE: _____ DATE: _____

PLEASE FORWARD COMPLETE MEDICAL RECORDS AND/OR OFFICE FILE TO:

LENS DOCTORS

Manchester Fax: 603-629-0092
Plaistow Fax: 603-382-7171
Portsmouth Fax: 603-427-6670
Dover Fax: 603-343-1405

AUTHORIZATION TO OBTAIN MY MEDICAL INFORMATION FROM:

AUTHORIZATION TO RELEASE MY MEDICAL INFORMATION TO:

DOCTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DATE OF APPOINTMENT: _____

THERE MAY BE A \$10.00 PROCESSING FEE FOR THIS SERVICE.

PAYMENT IS DUE BEFORE RELEASE OF RECORDS, EXCEPT IN CASES OF MEDICAL EMERGENCY.

605 Lafayette Rd, Portsmouth, NH 03801
381 South Willow St, Manchester, NH 03103
7 Plaistow Rd Unit I, Plaistow, NH 03865
827 Central Ave, Unit 3, Dover, NH 03820

T: 603-427-6600 F: 603-427-6670
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