

# LENS DOCTORS

M O R E T H A N 2 0 / 2 0

Peter K. Mocklis, O.D. Marcy V. Schultenover, O.D. Patricia Samuel, O.D.

Nadiya Oleksiv, O.D. Ryan Fuller, O.D. Lyudmila Sutherland, 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  
T: 603-629-0090 F: 603-629-0092  
T: 603-382-1414 F: 603-382-7171  
T: 603-343-1123 F: 603-343-1405

portsmouth@lensdoctors.net  
manchester@lensdoctors.net  
plaistow@lensdoctors.net  
dover@lensdoctors.net