(sample - release of information template)

<Name of Optometrist or Optometry Clinic>

<address>
<phone number>
<fax number>

Date: _____ Number of Pages: _____

To: _____ FAX: _____

From: **<insert name(s) of optometrist(s) or name of optometry clinic>**

RE: **<insert name of patient>** DOB**: <insert patient's date of birth>**
<insert patient's address>

I, _____ authorize the release of my medical / vision history, spectacle prescription and contact lens specifications to **<insert name(s) of optometrist(s) or name of optometry clinic>**.

(signature of patient) _____

spectacle prescription: OD
OS

contact lens specifications: OD
OS

medical / vision history:

NOTE: Please keep a copy of this authorization form in your patient file. This fax transmission, including any attachments, is intended only for the named recipient(s) above and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you have received this transmission in error, or are not the named recipient(s), please notify **<insert name(s) of optometrist (s) or optometry clinic name>** immediately by phone or fax and destroy this transmission, including any attachments.