

McChord Optometry
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McChord AFB, WA 98438-1304
Phone 253-588-1731 FAX 253-588-1741

MEDICAL RECORDS RELEASE FORM

Date: _____

Patient Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth: _____

SEND RECORD OUT	I request and authorize McChord Optometry to release information to:
	Provider or Organization: _____
	Address: _____
	City/State/Zip: _____
	Phone: _____
	Fax: _____
RECEIVE RECORD	I request and authorize the provider/clinic indicated below to release information to McChord Optometry:
	<input type="radio"/> All Eye Records <input type="radio"/> Date Range: _____
	Provider or Organization: _____
	Address: _____
	City/State/Zip: _____
	Phone: _____
Fax: _____	

Patient Signature

Date