COMPLETE EYE CARE

seemorelivebetter.com

Dr. Chris Swanson Dr. Shane Claborn Dr. Howard Ross Dr. Brandon Ross
Dr. Laura England Dr. Timothy Snider Dr. Larry Silkey

RECORDS RELEASE

If you are requesting records ***From Another Office***, please fill out the request below:

I, _____, authorize the release of my medical records, including but not limited to my contact lens & glasses prescriptions, to **Complete Eye Care**.

_____ _____

Signature of Patient / Parent Date

If you are requesting that ***Complete Eye Care Send Records*** to another office, please fill out the request below:

I, _____, authorize the release of my medical records to the following: _____.

I release Complete Eye Care from any liability associated with the misuse of my confidential medical information. I further release Complete Eye Care from any liability or neglect as a result of harm or injury related to the use or misuse of any products received as a result of this medical release.

_____ _____

Signature of Patient / Parent Date