

# Eyecare Professionals

Dr. David S. Butler, O.D.  
Dr. Todd E. Erickson, O.D.  
Dr. Andrew V. Valenti, O.D.

1280 W. Lantana Road  
Lantana, Florida 33462  
(561) 582-3383  
Fax: (561) 582-8821

Date: \_\_\_\_\_

To: \_\_\_\_\_

Street: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attention: Medical Records Department

To whom It May Concern:

I hereby authorize you to release (    ) TO (    ) FROM

Eyecare Professionals  
1280 W. Lantana Rd.  
Lantana FL 33462

any and all information you may have regarding my history, diagnosis, treatment and prognosis.

SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

Patient Signature: \_\_\_\_\_