



NANCY GUENTHNER, OD
DEVELOPMENTAL OPTOMETRIST
7700 Cat Hollow Dr. Suite 105
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Phone 512.501.2100
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REQUEST FOR RELEASE OF HEALTH INFORMATION

Please send the following upon receipt:

- | | |
|--|--|
| <input type="checkbox"/> Complete Record | <input type="checkbox"/> Contact Lens prescription |
| <input type="checkbox"/> Last visit | <input type="checkbox"/> Vision Therapy records |
| <input type="checkbox"/> Eyeglass prescription | <input type="checkbox"/> Results of Consultation / Work-up |

For: _____ DOB: _____

Address: _____

I, _____, authorize

Dr. _____ at

Practice Name

Address

Phone

Fax

to release the above records to:

Aspire Vision Care
7700 Cat Hollow Drive, Suite 105
Round Rock, TX 78681
Phone 512.501.2100
Fax 512.827.2074
info@aspirevisioncare.com

Signature

Date