Nathaniel Dolbee, OD

Texas State Optical

Yen Doan, OD

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT INFORMATION (Please Print)

Name:_____ Date of Birth:_____

Social Security Number:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____

RELEASE MY MEDICAL RECORDS TO:

Texas State Optical
Nathaniel Dolbee, OD
Yen Doan, OD
5401 S. FM 1626 Suite 110
Kyle, TX, 78640

Phone: 512-268-2020
Fax # : 512-268-3096

FROM:

NAME:_____
TEL # :_____
FAX# :_____

Please release a copy of all my medical records.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient:_____ Date:_____