



**BASS LAKE
FAMILY EYE CARE**

Dr. Brad Weeks
Dr. Michelle Martin
and Associates

12750 Bass Lake Road, Maple Grove, MN 55369
Phone: 763-553-1811 Fax: 763-553-0131

AUTHORIZATION TO RELEASE RECORDS

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Phone Number: _____

I request and authorize **BASS LAKE FAMILY EYE CARE** to
release the records of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Records relating to the following treatment, condition, or dates: _____

All records

Other: _____

CONTACT FOR NEW OFFICE:

FAX NUMBER:

PHONE NUMBER:

Patient Signature: _____ Date Signed: _____

PLEASE FAX TO BASS LAKE FAMILY EYE CARE AT 763-553-0131

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.