



PRECISION EYE CARE  
 3975 State Hwy 6 S., Suite 900  
 College Station, TX 77845  
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### CONSENT TO DISCUSS MEDICAL RECORDS

I authorize Precision Eye Care to discuss with and/or provide copies of my medical/billing records to the following individuals:

Printed Name

Relationship to patient:

_____	_____
_____	_____
_____	_____

Specifically, the records I authorize Precision Eye Care to share are limited to the following:

- All of my medical/billing records.
- All medical/billing records dated from \_\_\_\_\_ to \_\_\_\_\_.
- Only medical/billing records related to:
  - Most recent glasses and contact lens prescription (if applicable)
  - Contact lens fitting and follow-ups
  - Cataract surgery including preoperative and postoperative exams
  - Specialty procedures related to a glaucoma workup
  - Retinal evaluation
  - Other \_\_\_\_\_.

I understand that Precision Eye Care will only share the above information with the individuals listed above and that I can withdraw consent to authorize the release of information at any time by submitting a request to Precision Eye Care in writing to remove individuals from the above list.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today's Date