



LIFETIME EYECARE

Michael J. Bennett, O.D. / Elizabeth M. Hunt, O.D.

9309 Glacier Hwy, Suite A-103

Juneau, Alaska 99801

Ph: (907) 789-3175 / Fax: (907) 789-1778

Medical Records Release Authorization

I, _____ / /
Patient's Legal Name (print) Date of Birth

_____, _____, _____, _____
Mailing Address City State Zip

Authorize the release of my medical records.

Sincerely,

Patient's Signature Date

Parent/Legal Guardian Signature Date

Please send / fax: X_____ most recent contact lens RX

X_____ most recent spectacles RX

X_____ medical records

Previous/New Provider Information:

Name _____

Address _____

City/State/ Zip _____

Phone _____ Fax: _____