AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Warren E. Hill, MD
Neal A. Nirenberg, MD
Jonathan B. Kao, MD
Yuri F McKee, MD

East Valley Ophthalmology, Ltd.
5620 East Broadway Road Mesa
Arizona 85206

Telephone: (480) 981-6111 FAX: (480) 985-2426

Patient's Printed Name: _____

Patient's Date of Birth: _____ Today's Date: _____

I hereby request the release of my medical records from East Valley Ophthalmology

(please indicate below which of the following physicians has been most recently responsible for your care)

❑ Warren E. Hill, MD ❑ Neal A. Nirenberg, MD ❑ Jonathan B. Kao, MD ❑ Yuri F. McKee, MD

East Valley Ophthalmology
5620 East Broadway Road
Mesa, AZ 85206-1438
Telephone: (480) 981-6111
FAX: (480) 985-2426

Please release my medical information to the following:

Name: _____

Address: _____

City, State, Zip: _____

Signature of Patient: _____

Signature of Witness: _____