

p: 763-757-7000

f: 763-757-3328

a: 12170 Aberdeen St NE Blaine, MN 55449

w: www.BlaineEyeClinic.com

## **RELEASE OF INFORMATION AUTHORIZATION**

| You have my permission to release any information including the diagnosis and records of any treatment or examinations rendered to me or my child to the following person(s): |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Patient name (please print):  |  |
| Patient date of birth:  |  |
| Patient/Responsible Party Signature:  |  |
| Date:   |  |