

\_\_\_\_\_  
SIGNATURE      \_\_\_\_\_  
RELATIONSHIP      \_\_\_\_\_  
DATE

SELF

SUMMIT EYE CLINIC  
608 EAST SUMMIT AVE  
OCOMOWOC, WI 53066  
PHONE: 262-567-6565  
FAX: 262-567-8214

\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEASING THE RECORDS TO:

\_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUMMIT EYE CLINIC  
608 EAST SUMMIT AVE  
OCOMOWOC WI 53066  
PHONE 262-567-6565  
FAX: 262-567-8214

RELEASING THE RECORDS FROM:

\_\_\_\_\_  
PATIENT NAME      \_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TODAY'S DATE

# RELEASE OF RECORDS

SUMMIT EYE CLINIC, S.C.  
608 East Summit Avenue  
Oconomowoc, WI 53066  
Telephone: (262) 567-6565  
Fax: (262) 567-8214

