Dr. Matt Hesse, OD, Dr. Jennifer Compton, OD
211 Cumberland Xing, Monticello, KY 42633
(606) 348-3355; Fax (606) 348-5665
www.visioncarepsc.com; info@visioncarepsc.com

Authorization for Release of Information

Attending Doctor:____

I hereby agree that the above named doctor may disclose any and all information concerning this patient's eye and visual status, while acting in a professional capacity, waiving all provisions of law to the contrary, including photographs.

I am specifically requesting the following:

- ☐ Exam records
- ☐ My glasses and/or contact lens prescription
- ☐ Exam records and/or letters from doctors I was referred to by the above named doctor
- ☐ My medical history forms
- ☐ Previous glasses and contact lens order information.

Patient's Full Name: ____

Current and/or Previous Address: ___________________________________

____

Current Telephone Number: ____

Date of Birth: ____

Social Security Number: ____

Signature: ________________________________ Date:_________________________

Thank you in advance,

Dr. Matt Hesse, O.D.
Dr. Jennifer Compton, O.D.