

METROLINA EYE
A S S O C I A T E S
PLLC
A Clear Vision of Excellence

Metro Medical Campus
630 Comfort Ln., Ste. E
Monroe, NC 28112
704-289-5455

Stallings Professional Center
4101 Campus Ridge Rd.
Matthews, NC 28104
704-234-1930

RELEASE OF INFORMATION

PATIENT NAME _____

ADDRESS _____

DATE OF BIRTH _____

I, _____, HEREBY AUTHORIZE THE FACILITY LISTED BELOW TO RELEASE INFORMATION CONCERNING ME TO METROLINA EYE ASSOCIATES.

THIS INFORMATION SHALL INCLUDE:
ALL RECORDS _____
RECORDS IN THIS DATE RANGE _____

FACILITY _____

ADDRESS _____

THIS AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION IS FULLY UNDERSTOOD AND IS MADE VOLUNTARILY ON MY PART.

SIGNED _____ DATE _____

WITNESS _____

PATIENT CHART NUMBER _____