

VISON FIRST EYECARE SPECIALISTS

Dr. L. Page Pond, Optometry Dr. Joy Hansen, Optometry

Medical Records Release

I consent to the disclosure of my personal health information to or from the parties mentioned in the communication instructions below. I understand that the information disclosed may include data referencing past or current diagnosis, examination records, treatment, and/or any additional facts or observations related to my health care. I also understand that this information cannot be released without my consent (except in the case of a medical emergency, federal audit or court order), and that I have the right to revoke my consent at any time.

I hereby request that my complete medical records be:

Released From or Released to

Vision First Eyecare: Aurora Location

15320 E. ALAMEDA PKWY
AURORA, CO. 80017
PHONE: 303-745-9400
FAX: 303-369-5212

Vision First Eyecare: Lowry Location

200 QUEBEC ST. BLDG. 600A, STE. 107
DENVER, CO. 80230
PHONE: 303-361-6600
FAX: 303-361-6604

I hereby request that my complete medical records be:

Released From or Released to

Doctor/Office: _____

Address: _____

Phone: _____ Fax: _____

If only specific records are needed, please specify: _____

Printed Name of Patient

Date of Birth

Today's date

Signature of Patient or Parent/Legal Guardian