

Eureka Springs Eyecare Clinic
4052B East Van Buren
Eureka Springs, AR 72632
Phone 479-253-7136
Fax 479-253-9479

Date: _____

Name: _____

Date of birth: _____ Phone: _____

☐ I hereby authorize you to release to Eureka Springs Eyecare Clinic, any information to include the diagnosis and records of any treatment or examination rendered to me.

☐ I hereby authorize Eureka Springs Eyecare Clinic to release any information to include the diagnosis and records of any treatment or examination rendered to me.

Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____