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Attention: \_\_\_\_\_

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**AUTHORIZATION FOR REQUEST OF RECORDS**

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This form is used to obtain records from another office.

<b>Patient:</b>	
<b>Requested From:</b>	
<b>Information Requested:</b>	<input type="checkbox"/> All eye exam information <input type="checkbox"/> All contact lens information <input type="checkbox"/> Other _____
<b>Patient Signature:</b>	
<b>Date:</b>	