



PRECISION EYE CARE
 3975 State Hwy 6 S., Suite 900
 College Station, TX 77845
 Ph: (979) 985-5305 Fax: (979) 979-764-4312

CONSENT TO DISCUSS MEDICAL RECORDS

I authorize Precision Eye Care to discuss with and/or provide copies of my medical/billing records to the following individuals:

Printed Name

Relationship to patient:

_____	_____
_____	_____
_____	_____

Specifically, the records I authorize Precision Eye Care to share are limited to the following:

- All of my medical/billing records.
- All medical/billing records dated from _____ to _____.
- Only medical/billing records related to:
 - Most recent glasses and contact lens prescription (if applicable)
 - Contact lens fitting and follow-ups
 - Cataract surgery including preoperative and postoperative exams
 - Specialty procedures related to a glaucoma workup
 - Retinal evaluation
 - Other _____.

I understand that Precision Eye Care will only share the above information with the individuals listed above and that I can withdraw consent to authorize the release of information at any time by submitting a request to Precision Eye Care in writing to remove individuals from the above list.

Signature

Date of Birth

Printed Name

Today's Date