



Timothy A. Wright O.D.
Therapeutic Optometrist

1410 14th St | Plano TX 75074
Phone: 972-424-6010 | Fax: 972-424-9913 | www.planoeyes.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name:

Date of Birth:

Social Security #:

I request and authorize **Plano Eye Associates-East** to release any healthcare information of the patient named above to:

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates

All healthcare information

Other

Yes No

I authorize the release of any information pertaining to any and all exams or visits at Plano Eye Associates-East.

Yes No

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____

Date signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.