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7560 Carpenter Fire Station Road, Suite 205

Cary, NC 27519

T: 919-465-7400; F: 919-465-7455

### **AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

I request and authorize \_\_\_\_\_

to release healthcare information of the patient named above to:

**Cary Family Eye Care  
7560 Carpenter Fire Station Road  
Suite 205  
Cary, NC 27519  
Telephone: 919-465-7400 Fax: 919-465-7455**

This request and authorization applies to:

☐ Healthcare information related to the following treatment, condition, or dates:

\_\_\_\_\_

☐ All healthcare information

☐ Other: \_\_\_\_\_

\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_