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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:

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

To release healthcare information of the patient named above to:

Doctor/Practice name: _____

Phone/Fax Number: _____

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: _____