



665 Stonehaven Ave.
Unit B2
Newmarket, ON L3X 1G2
Phone: (905) 235-7500
Fax: (905)235-7501

AUTHORIZATION AND DIRECTION FOR
RELEASE OF MEDICAL INFORMATION

To:

Re:

This will authorize you to release the information for _____ most recent ocular examination(s) , visual fields, retinal photos and contact lens information to Eyes on Stonehaven for Dr. _____.

Please e-mail/fax this information to eyesonstonehaven@gmail.com OR 905-235-7501.

Dated: _____

Patient's/Guardian's Signature