

Christopherson Eye Clinic

341 Keller Ave N

Amery, WI, 54001

Phone 715-268-2020 Fax 715-268-5432

Christophersoneye@proton.me

Dr. Bryce A Christopherson

Medical Records Release Form

I hereby authorize: _____

to release originals or copies of all records (including summaries, reports, examinations, care of treatments, and photographs) to Christopherson Eye Clinic.

Patient Name

Today's date

Date of Birth

Signature of patient or authorized representative