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

_____

_____

Patient Name

_____ _____

Today's date Date of Birth

_____

Signature of patient or authorized representative