



# Dr. Mamie Chan ABQ Eye Care

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## Authorization for Release of Information

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Information to be Released

- Diagnosis
- Treatment
- Appointments
- Billing / Insurance
- Pick ups (Eyeglasses, Contact Lenses, or Prescriptions)

Below are the individuals over the age of 18 who you want authorized information released to:

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

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

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

Authorization expires one year from date of signature. Date: \_\_\_\_\_

Patient Or  Guardian Signature

Relationship To Patient

\_\_\_\_\_  
\_\_\_\_\_