Oasis Eye Care
Optical & Med Spa

Dr. Trent McKinney,
Board Certified Ophthalmologist
- Cataract Surgery
- Dry Eye Lab

Dr. Alex Brocato,
Board Certified Optometrist
- Comprehensive Eye Exams
- Contact Lens Fitting

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

TO: _____

_____

I _____, hereby authorize the release and disclosure of my individually identifiable health information as specified below. I understand that this authorization is voluntary.

____ Entire medical record maintained by you.

____ My health information relating to the following condition: _____

____ My health information for the date(s): _____

____ Procedural reports: _____

____ Other: _____

I understand that this authorization ends in 90 days from the date signed unless otherwise specified. I understand that I may request a copy of this authorization after I sign it. I understand that I may revoke this authorization at any time by notifying the organization in writing.

You may disclose this health information by fax or mail to:

____ Trent McKinney, M.D. ____Alex Brocato, O.D.

Oasis Eye Care 1868 S. Tamiami Trail, Venice, FL 34293
Phone: 941-493-9393 Fax: 941-492-6650

Patient's signature: _____Date: _____

Patient name: _____

SSN: _____ Date of birth: _____

Personal representative for patient (if applicable): _____

Witness: _____