## Invision Family Eye Care

1211 Hauck Drive Rolla, MO 65401

Phone: 573-364-6300 Fax: 573-341-5058

## Release of Records Form

By signing and dating this release of information, I allow the persons listed below to share specific medical record information. I understand that this is a cooperative effort.

Practice representatives Name	s that will be sharing information:		Doto	
	Address		Date 	
The information is to be	released in:			
Pre-Ei	mployment Screen	ing		
Drive	rs License Testing			
School	ol Vision Screening			
Lions	Club Testing			
Disab	ility Screening			
Other	î:			
This consent to release is invalid. Specify date, e I understand that at any above, I have the right to	vent, or condition time between the	on which permission we time of signing and the	vill expire:	
Patient Name		Date of Birth	_	
Address	City	State	Zip	
Signature		Date	_	
Parent/Guardian Name				