



Ophthalmologist:
Mark Szczepanski, M.D.
Optometrist:
Kristina Aikens, O.D.
Terra Boettcher, O.D.
Thomas Dunham, O.D.
Jadyn Nelson, O.D.

Authorization to Release Protected Health Information

Name (First, MI, Last)

Birth Date (MM/DD/YYYY)

/ /

Release Information From:

☐

North Dakota Eye Clinic
1820 42nd St. South
Grand forks ND, 58201

☐

Other (specify facility or
individual, address and
phone and/or Fax number)

Release Information To:

☐

North Dakota Eye Clinic
1820 42nd St. South
Grand forks ND, 58201

☐

Other (specify facility or
individual, address and
phone and/or Fax number)

All Information to be Released:

☐

ALL AVAILABLE RECORDS

If not all, please specify below

Service Dates (Optional)

From: ____/____/____
To: ____/____/____

Comments:

Patient Signature: _____ Date: ____/____/____

Authorized Signature (if patient is a minor or incapable of signing): _____

Phone: 701.775.3151

Fax: 701.775.3153

www.northdakotaeyeclinik.com