



**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

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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): \_\_\_\_\_

**Fax: 701.775.3153**

**Email: [medicalrecords@northdakotaeyeclinik.com](mailto:medicalrecords@northdakotaeyeclinik.com)**

**Phone: 701.775.3151**

**[www.northdakotaeyeclinik.com](http://www.northdakotaeyeclinik.com)**