



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) / /
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<p style="text-align: center;">Release Information From:</p> <p><input type="checkbox"/> North Dakota Eye Clinic 1820 42nd St. South Grand forks ND, 58201</p> <p><input type="checkbox"/> Other (specify facility or individual, address and phone and/or Fax number) _____ _____ _____</p>	<p style="text-align: center;">Release Information To:</p> <p><input type="checkbox"/> North Dakota Eye Clinic 1820 42nd St. South Grand forks ND, 58201</p> <p><input type="checkbox"/> Other (specify facility or individual, address and phone and/or Fax number) _____ _____ _____</p>
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All Information to be Released:

ALL AVAILABLE RECORDS

If not all, please specify below

<p>Service Dates (Optional)</p> <p>From: ____/____/____ To: ____/____/____</p>	<p>Comments:</p> <p>_____ _____ _____</p>
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Patient Signature: _____ Date: ____/____/____
 Authorized Signature (if patient is a minor or incapable of signing): _____

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