BOSTON EYE CARE CONSULTANTS

Robert A. Lytle, MD ~ Eye Physician and Surgeon
51 MainStreet, Suite 4, Hyannis, MA 02601
(508) 771-6447 ~ FAX: (508-775-5104

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name:_____

DOB:_____

Phone: (H)_____(M) _____

Address:_____

I authorize the healthcare facility below:

Facility_____ Physician_____

Phone: _____ FAX: _____

Address: _____

To release my confidential health information to:
Boston Eye Care Consultants ~ FAX: (508) 775-5104

Name: _____

Signature_____ Date:_____