J. Richard Christiansen, O.D.

Wilsonville Vision Center
29890 Town Center Loop W. Suite E
Wilsonville, OR 97070
Phone (503) 682-3234 Fax (503) 682-0414

RECORDS RELEASE FORM

This is to authorize release of all my records to Wilsonville Vision Center.

Signature: _____

Date: _____

Patient Information:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Obtain Medical Records from:

Physician: _____

Phone: _____

Fax: _____

Address: _____

It is essential that the entire record, if at all possible, be released to include all office notes, reports, studies, consultants, correspondence, etc.

Your prompt response to this request will be appreciated in the interest of necessary continuity of care.