**THE EYE CLINIC**

*Farshid Paydar, MD* - Board Certified Ophthalmologist

*Joshua Miller, OD* - Optometrist

401 S. Calvary Way, Ste. D
Cottonwood, AZ 86326
PH: (928) 649-2600
FAX: (928) 634-7847

2155 W. St. Hwy 89A, Ste. 106
Sedona, AZ 86336
PH: (928) 203-9600
FAX: (928) 203-9601

6446 State Route 179, Ste. 209
Sedona, AZ 86351 (VOC)
PH: (928) 284-2459
FAX: (928) 284-2691

452 W. Finnie Flat Rd, Ste. A1
Camp Verde, AZ 86322
PH: (928) 567-3330
FAX: (928) 567-3359

# AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient's Name:_____ DOB:_____

I _____, authorize: _____
to release any and all medical records to The Eye Clinic. Please fax all records to _____ location listed above.

In initiating this request, I hereby release my Practitioner from any laws governing the disclosure of confidential or privileged information.

_____ _____
Patient Signature Date

_____ _____
Witness Date