Beacon Eye Care, PA
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Lauren N. Boutet, OD
3 Beacon Ave., Ste. 101
Biddeford, ME 04005
Tel. (207) 284-4231
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Release of Records

To: _____

_____

_____

Fax: _____

Patient name: _____

Date of birth: _____

I, _____, request that all pertinent information be sent

TO / FROM (circle) Beacon Eye Care.

Initiating this request, I hereby release my practitioner from any laws governing the disclosure of confidential or privileged information.

Signature: _____

Date: _____