

Doctor Cannon, PLLC dba Cannon EyeCare
Mark J. Cannon, OD • Miranda Cannon, OD
2602 NE University Village Street, Seattle, WA, 98105
Ph 206-522-9323 FAX 206-525-3841

MEDICAL RELEASE FORM

Date: _____
Patient Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Date of Birth: _____

SEND RECORD OUT	<p>I request and authorize Cannon EyeCare to release information to:</p> <p>Provider or Organization: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____</p>
RECEIVE RECORD	<p>I request and authorize the provider/clinic indicated below to release information to Cannon EyeCare:</p> <p><input type="radio"/> All Eye Records <input type="radio"/> Date Range: _____</p> <p>Provider or Organization: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____</p>

Patient Signature

Date