



Todd M. Bescak, D.O., FAOCO
Cataract/Implant Surgery/Lasik
Comprehensive Eye Care

Jason M. Yonker, M.D., FACS
Cataract/Implant Surgery
Glaucoma & Related Diseases

Jason A. Williams, M.D.
Cataract/Implant Surgery/Lasik
Comprehensive Eye Care

Jennifer Sim, M.D.
Cataract/Implant Surgery/
Comprehensive Eye Care

Tracey Boss, O.D.
Family Eye Care/Contact Lenses

10231 Old Ocean City Blvd, Suite 102
Berlin, MD 21811
(410) 641-1744

1414 South Salisbury Blvd
Salisbury, MD 21801
(410) 749-1191

www.cheseye.com

*Chart Your Course
to Quality Eye Care*

CONSENT TO RELEASE INFORMATION

Patient _____ DOB _____

Provider releasing records:

Provider to receive records:

Name _____

Name _____

Address _____

Address _____

City/State _____

City/State _____

Medical information to be sent:

____ Entire medical record INCLUDING information developed by another provider which is part of the file documentation.

____ Entire medical record EXCLUDING information developed by another provider which is part of the file documentation.

____ Record of care from _____ to _____, INCLUDING information developed by another provider which is part of the file documentation.

____ Record of care from _____ to _____, EXCLUDING information developed by another provider which is part of the file documentation.

The record of care my INCLUDE/EXCLUDE any information relating to the treatment for substance abuse; mental health treatment; testing or treatment of STD's, hepatitis, and HIV/AIDS.

I authorize medical information to be released as indicated above. I agree that this release is valid for one year or until _____, but I may revoke my consent at any time upon written instruction.

Patient or Legal Guardian

Date

Witness

Date