

Tom F. Mihok, O.D.
141 California Avenue
Oakdale, Ca 95361
(209) 847-3051
Fax (209) 847-1405

Authorization to release medical information

Date: _____

To: _____
Doctor's Name

Address

City, State, Zip Code

RE: _____ DOB: _____
Patient's Name Date of Birth

Address

City, State, Zip Code

Phone Number

I hereby authorize you to forward the following medical information to Tom F. Mihok, O.D.

- _____ Examination Findings
- _____ Laboratory test results
- _____ Progress records
- _____ Treatment
- _____ Summary of medical history and physical
- _____ Other:

Thank you for your cooperation.

_____ Patient's Signature