



1120 W. South Boulder Rd. Ste. 102 Lafayette, Colorado 80026
11960 Lioness Way Ste. 150 Parker, Colorado 80134

**AUTHORIZATION
FOR RELEASE OF MEDICAL AND OR VISION RECORDS**

PATIENT INFORMATION (Please Print):

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

RELEASE MY MEDICAL/VISION RECORDS FROM:

RELEASE MY MEDICAL/VISION RECORDS TO:

InSight Lasik, Ltd.	InSight Lasik, Ltd. (South)	Self
1120 W. South Boulder Rd. Ste 102	11960 Lioness Way, Ste 150	_____
Lafayette, CO 80026	Parker, CO 80134	
p:303.665.7577	p:720.880.6455	
f: 303.665.3633	f: 720.880.6460	

BY MY SIGNATURE, I AUTHORIZE RELEASE OF MY MEDICAL/VISION RECORDS – including, but not limited to, progress notes, operative notes, laboratory results, and diagnostic tests.

Patient Signature: _____ Date: _____