



SOUTHERN EYE SPECIALISTS

Joshua M. Groetsch, M.D.
Aravinda Rao, M.D.
Jeffrey Vinet, M.D.
Brett C Budden, M.D.
Julia M. Wall-Hayes, M.D.

2800 Veterans Blvd. Suite 125, Metairie, LA 70002

Phone: 504-833-5573 **Fax:** 504-832-9629

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I request and authorize _____ to

release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Patient Signature: _____ Date Signed: _____

AUTHORIZATION IS INDEFINITE.