



**Deutscher
Rottinghaus
Oxandale**

- Chris A. Deutscher, O.D.
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AUTHORIZATION TO RELEASE INFORMATION

I _____, D.O.B. _____, hereby
 authorize and request Drs. Deutscher Rottinghaus & Oxandale to
 (check) _____ furnish to; _____ receive from;
 _____ in writing; _____ in verbal form

(Name of person and/or office)

(Address)

(FAX #)

(Phone #)

The following information from my records:

- _____ Clinical and/or Optometric Records
- _____ Spectacle Prescription Only
- _____ CL Prescription Only
- _____ Other (specify) _____

I understand that this consent (unless revoked in writing) expires 90 days from signature date unless otherwise specified as follows:

Signature Date

Witness Relationship

This information has been disclosed to you from records in which confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of information is not sufficient for this purpose.