Clear Advantage
Vision Correction Center

See what you've been missing...

N. Timothy Peters, MD
Medical Director / Surgeon

Christopher J. Turner, OD
Optometrist

Lauren McLoughlin, OD
Optometrist

RECORDS RELEASE

(Please print this form as it must be signed. Mail or fax to 603-501-5001)

Patient name:_____DOB:_____

I hereby authorize and request the release of my complete medical records in your possession concerning my illness and/or treatment from:

CLEAR ADVANTAGE VISION CORRECTION CENTER
155 Borthwick Avenue, Suite 200 East
Portsmouth, NH 03801
Phone: 603-501-5000 Fax: 603-501-5001

I hereby authorize Clear Advantage to release my complete medical records to:

_____ Directly to patient

_____Doctor and/or Hospital

_____
Doctor and / or Hospital name

_____
Address

_____
City / State / Zip

_____
Phone Fax (if documents are to be faxed)

Signature_____ Date_____

Witness_____