



DR. GUY T. MCDUGAL AND ASSOCIATES, P.C.

www.mcdougaleyeyes.com

Patient Records Release & Authorization Form

Patient Name _____

Patient Date of Birth _____

Patient Phone Number _____

I hereby authorize the release of my patient information and records including examinations, treatments, and any other medical findings. By initiating this request, I hereby release Dr. Guy T. McDougal and Associates, P.C. doctors and staff from any laws governing the disclosure of confidential or privileged information.

Patient Signature _____ Date _____

Records Requested and Released to McDougal Eye Center

Records Requested From _____

Phone _____ Fax _____

- Eye Glasses Prescription
Contact Lens Prescription
Patient Records
Other _____

Records Released To Dr. Guy T. McDougal and Associates, P.C.

- 1121 S. Gilbert Rd., Suite 103, Mesa, AZ 85204 Phone 480-854-3310 Fax 480-854-1157
7435 E. Main Street, Suite 101, Mesa, AZ 85207 Phone 480-834-3777 Fax 480-832-2771

Medical Records Released From McDougal Eye Center

Records Released From Dr. Guy T. McDougal and Associates, P.C. to

- Eye Glasses Prescription
Contact Lens Prescription
Patient Records
Other _____

Mail To _____

Fax To _____ Attention _____