



DOCTORS
**Deutscher
 Rottinghaus**
 OPTOMETRISTS P.A.

- Chris A. Deutscher, O.D.
- Charles A. Rottinghaus, O.D.
- Brett M. Oxandale, O.D.

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AUTHORIZATION TO RELEASE INFORMATION

I _____, D.O.B. _____,
 hereby authorize and request Drs. Deutscher & Rottinghaus 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.