

JJ OPTICAL, L.L.C

3819 Vaile Avenue
Florissant, MO 63034

Phone: (314) 838-3311
Fax: (314) 838-6905

I authorize all protected health information to be released to the following from the medical record of:

Last Name (Please Print)

First Name (Please Print)

Date of Birth

Release Records

- From JJ Optical L.L.C.
 To 3819 Vaile Avenue
Florissant, MO 63034
Phone 314-838-3311
Fax 314-838-6905

Release Records

- From _____
 To Name/Organization _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Reason for Request of Information

- At request of Individual
 Other (Please Describe) _____

I understand that this authorization is valid for 3 months unless I notify JJ Optical, L.L.C. otherwise. I may revoke this authorization in writing at anytime except to the extent that JJ Optical, L.L.C. has already relied on this authorization. I may revoke by mailing or faxing a written notice to JJ Optical, L.L.C. I understand that the record released may include all protected health information on the above patient.

Signature of Patient (or Legal Guardian, if present)

Date