



Records Release Request

To Our Office

Dimond Vision Clinic
1000 E Dimond Blvd Ste 101
Anchorage, AK 99515
Telephone: 907-349-6932
Fax: 907-349-6347

From Doctors Office: _____

Address of Office: _____

Telephone: _____

Fax: _____

From Our Office

Dimond Vision Clinic
1000 E Dimond Blvd Ste 101
Anchorage, AK 99515
Telephone: 907-349-6932
Fax: 907-349-6347

To Doctors Office: _____

Address of Office: _____

Telephone: _____

Fax: _____

I _____ here authorize the release of:

- Vision / Medical Records
- Glasses Prescription
- Contact Lens Prescription

Patient Name

Date of Birth

Address

Contact Number

Patient/ Guardian Signature

Date