Changmin Duan O.D. P.A.
East Brunswick Professional Park
190 State Highway No.18, Suite 302
East Brunswick, NJ 08816
Tel: (732) 247-2847
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AUTHORIZATION FOR RELEASE OR OBTAINING HEALTH INFORMATION
THIS IS TO AUTHORIZE:

_____ Release my Eye Exam Information records to:

_____ Obtain my Eye Exam Information Records from:

____
NAME OF AGENCY OR PERSON TITLE

____
STREET ADDRESS APT#

____
CITY STATE ZIP CODE

____
TELEPHONE # (INCLUDE AREA CODE)

To assist in identification and location of my Health Information Record, I am providing the following information (please print).

NAME____
First Last Maiden

ADDRESS____
Street City State Zip Code

This authorization will remain in effect for six months after I sign and date form below. I understand that no principal, doctor or employee of this office shall be held responsible for any error or complication arising from the use of this record at any other facility.

____
Signature of Patient Date
(if minor, Signature of Parent and/or Legal Guardian)

Fee Schedule For patients and Attorneys: No. of pages____ x $1.00 per page = Total Fee______________
Written Report: $30.00 per report

Office use only: Date Copies Provided /Mailed: ____/____/____ Name of Staff: ___________________

***Note: after submitting the completed form, it may take up to 45 days to process.**