

S.E. Professionals, SC, dba

Premier Vision

10800 N. Port Washington Rd
Mequon, WI 53092
P: 262-241-4848 F: 262-241-9865

8693 N. Port Washington Rd
Fox Point, WI 53217
P: 414-351-2020 F: 414-351-2031

120 Martin Drive
Fredonia, WI 53021
P: 262-692-9000 F: 262-692-2797

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____

Address: _____

Date of Birth: _____

Records Released:

From

To

Records released:

From

To

Fox Point

8693 N. Port Washington Rd
Fox Point, WI 53217
P: 414-351-2020 F: 414-351-2031

Fredonia

120 Martin Drive
Fredonia, WI 53021
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Mequon

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Mequon, WI 53092
P: 262-241-4848 F: 262-241-9865

This authorization will remain in effect until: _____

This authorization shall be effective for medical records created until such date even if created after the date of signing this authorization. A faxed copy of this authorization is considered a binding original copy.

I understand that written notification is necessary to cancel this request before its expiration date. This authorization may be revoked at any time except to the extent action has been taken based upon it.

Signature of Patient
(If signed by person other than patient, state relationship and authority to sign)

Date

Records Reviewed: _____

Date: _____