Vision Plus of Ballard

Dr. Mark Pyle
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Seattle, WA 98107
P: 206.784.0700

Records Release Request

Total Pages (including this cover page): _____

Name of outside provider/office:	**From (Vision Plus employee)**:
Attention to:	**Date**:
Office address:	**Our location**: 5406 Leary Ave NW Seattle, WA 98107
Fax number:	**Phone/fax number**: Phone: (206)784-0700 Fax: (206)706-8822

- ❒ Eye health records only
- ❒ Spectacle and contact lens prescription only
- ❒ Spectacle and contact lens prescription, and eye health records
- ❒ All existing medical records

I hereby authorize the release of my health records, and request they be released to Vision Plus of Ballard.

Patient Name (Printed) _____ Patient Date of Birth _____

Patient Signature _____ Date _____

This release of records expires upon the death (event) of the Patient, pursuant to RCW70.02.030(f)