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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Date: < (select date from dropdown)

Send to: Discovery Optometry / Email: reception@monasheeoptyometry.ca

Patient Name:

Date of Birth:

Patient Signature:

I authorize the release of my medical records to Monashee Optometry.

Please include:

- Last full examination chart
- Last minor examination chart
- Written OCT results page – full results if possible
- Visual field results
- Last consult from Ophthalmology if performed in the last 2 years
- Most recent contact lens order

Please contact me with any questions or concerns.

Sincerely,

Dr Aaron Barrie