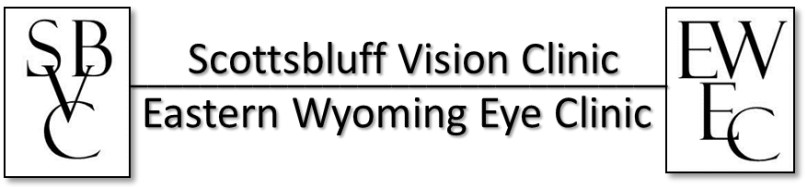

3726 Avenue D
Scottsbluff, Nebraska 69361
308.635.1234

Dr. J. Todd Mahoney Dr. Paul B. Colburn Dr. Natasha K. Jenkins Dr. Megan Rother

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name
Date of Birth
Address
City/State/Zip Code
Patient Phone Number

I hereby authorize_____
to release my vision records (including contact lens information) to:

Scottsbluff Vision Clinic
3726 Avenue D
Scottsbluff, Nebraska 69361
Phone Number: 308.635.1234
Fax: 308.635.7505

Patient Signature
Date