



Optical Expressions
12422 Olive Blvd
Creve Coeur, MO 63141
Tel: (314) 579-1179
Fax: (314) 514-7413

Optical Expressions Clayton
7718 Forysth
Clayton, MO 63105
Tel: (314) 721-0909
Fax: (314) 721-7413

Authorization for Release of Records to Optical Expressions

Name: _____ Date of Birth: _____

Address: _____

City, State Zip: _____

I authorize to release my medical records to the office of Optical Expressions.
Please fax them to _____

Signature

Date

If signing as a personal representative of the patient, describe the relationship to the patient and source of authority to sign this form:

Relationship to Patient

Print Name