

# Blink Eyecare

3150 E. 27<sup>th</sup> Ave Suite 100

Spokane, WA 99223

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## Records Release Form

I \_\_\_\_\_ authorize Blink Eyecare to release my medical records to the Entity listed below.

Receiving Entity: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.