



Dean S Reynolds, OD
 Mario Andreatta, OD
 Lisa M Edwards, OD, FAAO
 Tracy Ho, OD

4025 Jackie Road SE: Rio Rancho, New Mexico 87124
 Phone: 505.892.8411 Fax: 505-891-5497 cov@swcp.com

AUTHORIZATION TO DISCUSS CARE AND MEDICAL TREATMENT

City of Vision Eye Care is dedicated to protecting your health information. If you would like to authorize our office to discuss your care, treatment, and billing, please indicate the individuals below:

The following individuals are authorized to discuss my care and /or release any order materials

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

This authorization is valid: (select all that apply)

- For Date of Service only ___ / ___ / ___
- For 1 year following date signed or until revoked in writing

Patient Name: (Print) _____ Date: ___ / ___ / ___

Patient Signature: _____