



Dr. Aaron Hesla - Dr. Adrienne LeVasseur

Release of Eyecare Information Form

I, _____, authorize the release of eye care information for the patient(s) outlined below to (Dr. Hesla / Dr. LeVasseur) Hesla Optometry on _____.
(Insert Date of Request)

Authorizing Signature: _____ **Phone #:** _____

Previous Clinic:

Patient Name

DOB

- All Records on File
- Ophthalmic Prescription
- Contact Lens Prescription
- Full Eye Exam Information
- Photos and OCT
- Visual Fields Results
- Letters from Ophthalmologist's or MD's

Note: This transmission, including attachments, is intended only for the named recipients above and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you received this in error, please notify the sender immediately by calling 403-262-2958 and destroying this transmission. Thank you in advance.

P: 403-262-2958 F: 1-866-66HESLA (1-866-664-3752) E: hello@heslaoptometry.com