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# Sirgany Eyecare

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Professional, Progressive and Personal

## **Authorization for Release of Health Information**

I, \_\_\_\_\_ DOB \_\_\_\_\_  
Give my permission to have \_\_\_\_\_  
release my medical records to Sirgany Eyecare.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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[www.sirganyeyecare.com](http://www.sirganyeyecare.com)