OPHTHALMIC CONSULTANTS NORTHWEST
Walter M. Rotkis, MD, F.A.C.S.
Claire Angel, OD

DISEASES OF THE CORNEA AND EXTERNAL EYE

Arnold Medical Pavilion
1221 Madison Street, Suite 1420
Seattle, WA 98104
P. 206-386-2516
F. 206-386-2515
Attn: Medical Records

Authorization to Release Medical Records

I hereby authorize and request Ophthalmic Consultants Northwest to release my complete ophthalmology records including:

- ☐ Pertinent clinical records
- ☐ Operative report(s)
- ☐ Topography/External photo(s)

I request these records to be sent to:

Name: ____

Address: ____

____

____

Patient name: ____

Signature: ____
(if relative, state relationship)

- ☐ I understand my records may contain information regarding testing, diagnosis, or treatment of HIV/AIDS, or of sexually transmitted diseases. I give my specific authorization for these records to be released.

Date:____ DOB:__________________