



HOUSER NEWMAN
associates

Mahoning Valley Eye Center
37 Medical Crossing Road
Tamaqua, PA 18252
(570) 386 5926

AUTHORIZATION FOR RELEASE OF INFORMATION from HNA

Houser Newman Associates is hereby authorized to release any medical
information and records to Dr. _____

_____:

PATIENT NAME: _____ DOB: _____

ADDRESS: _____

You are hereby released from all legal liability that may arise from the release of
the information requested.

DATE: _____ SIGNATURE: _____

RELATIONSHIP IF SIGNED BY OTHER THAN THE PATIENT: _____

Main Office
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F: (570) 386-2959

Nesquehoning Office
40 East Locust Street
Nesquehoning, PA 18240
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