



Location

820 E. Terra Cotta Ave, Suite 256
Crystal Lake, IL 60014
Mon-Thurs: 9AM-6PM
Sat: 9AM-12PM

Behavioral Vision
The Vision to Succeed
Carrie Sypherd, O.D.

Contact Information

www.behavioral-vision.com
behavioralvision@gmail.com
PHONE: 815-455-2800
FAX: 815-455-2801

Permission to Release Patient Records

DATE: _____

Attention: _____

Fax Number: _____

Patient: _____ DOB: _____

I grant permission to this office to release my patient records to:

Behavioral Vision, LTD

Carrie Sypherd, O.D.

Phone: 815-455-2800

Fax: 815-455-2801

E-Mail: behavioralvision@gmail.com

The medical findings and treatment disclosed should cover the time period from _____ beginning _____ to _____ present _____. In initiating this request, I hereby release my practitioner from laws governing the disclosure of confidential or privileged information.

SIGNATURE OF PATIENT OR AUHORIZED REPRESENTATIVE