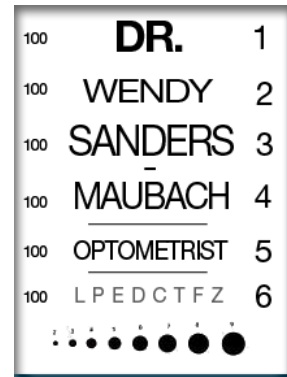


CONSENT FORM

Dr. Sanders-Maubach
641 First Street
LaSalle, Illinois 61301
Phone: (815) 223-0331
Fax: (815) 223-6723

office@drwendysanders.com
107 E McKinley Road
Ottawa, Illinois 61350
Phone: (815) 433-1426
Fax: (815) 324-9417



I, _____, give my consent to have the following information released to **Dr. Sanders-Maubach, O.D.**

I understand the consent is valid until it is revoked by me. A written revocation of consent must be sent to the Optometrist's office, at the address listed above."

- _____ Most recent Contact and/or Glasses Prescription
- _____ Most recent Comprehensive Examination Results
- _____ Entire Patient Record/File
- _____ Results of all Extra Testing (i.e. retinal photos, topography, visual field results, OCT/Retinal scans, etc.)
- _____ Any correspondence with co-managing doctors, regarding this patient's care

Patient's Signature

Date

If not the patient, please indicate the relationship to patient.
