



STEEPLEGATE EYE CARE

We Clarify your world

Dr. Deborah Vallieres
Dr. Alla Devitskaya
Dr. Lisa Lach
Dr. Janet Aug
Dr. Donna Martin

Patient: _____ Date of Birth: _____

Release of Records:

I, _____, authorize the release of my file to the
following office:

_____.

Signature: _____

Printed Name: _____

Date: _____