



CONCORD

FAMILY VISION

8 North State Street, Concord NH 03301
Phone 603 225 2512 Fax 603 225 3249

Record Release Authorization

I hereby authorize and request Concord Family Vision, PLLC to release my records to:

Name: _____ (please print) DOB: ____/____/____

Address: _____

Patient Signature: _____ Date: ____/____/____

Doctors of Optometry

Christopher P. Udina, OD ♦ Abbie Martin, OD ♦ Kelly Schoorens, OD ♦ Charles Daniels III, OD