



AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION

**James C. Frangos, OD**

15 Portland Avenue  
Dover, NH 03820  
(603) 742-7371

\_\_\_\_\_  
PRINT YOUR NAME

Please check all that apply:

The staff has my permission to:

- leave a message at home
- leave a message on my cell
- contact me by email
- other \_\_\_\_\_

The staff has my permission to discuss my condition and/or treatment:

- Spouse \_\_\_\_\_
- Children \_\_\_\_\_
- Significant other \_\_\_\_\_
- Parent \_\_\_\_\_

The staff has my permission to email/fax the following when verbally or otherwise requested:

- Invoice/itemized receipts
- Prescriptions

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE