



adult and child eye exams • diagnosis and treatment of eye diseases  
contact lens fittings • eyewear • lasik surgery co management • keratoconus

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## CONSENT FOR RELEASE OF INFORMATION

*To: Fredric I. Smilen, O.D.*

*I hereby authorize you to provide all records pertaining to  
medical history, service rendered or treatments given to me to  
the following doctor or optical.*

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\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*