



Hometown Ophthalmology
Sally Primus, MD
641 S Hebron Ave
Evansville, IN 47714
Phone 812-616-2020
Fax 812-616-1400

Authorization for Release of Records

Patient Name: _____

Patient DOB: _____

I authorize:

To release my personal medical records to:

Hometown Ophthalmology

641 S Hebron Ave

Evansville, IN 47714

Phone: 812-616-2020

Fax: 812-616-1400

Records to release:

All Medical Records: _____

Specific Date Records: _____

Patient Signature

Date