

DRESSLER OPHTHALMOLOGY ASSOCIATES, PLC

Linda B. Dressler, MD
Jacqueline Fredrick, OD

Daniel Geller, MD
Randall Wong, MD

Dressler Ophthalmology Associates

3930 Pender Drive, Suite 10

Fairfax VA 22030

Office: 703-273-2398 Fax: 703-273-0239

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Printed Patient Name: _____

Date of Birth _____

I hereby authorize (Name of Physician or Hospital): _____

Street Address: _____

City, State, Zip Code: _____

FAX: _____

Telephone: _____

To furnish **Dressler Ophthalmology Associates**, with my medical records.

Patient Signature: _____ Date: _____