



# Hunter's Hill Eyecare Center

2811 N. George Street, Suite B  
York, PA 17406  
Office 717-848-2323  
Fax 717-846-0844  
[www.huntershilleyecare.com](http://www.huntershilleyecare.com)

Lisa K. DeMers, O.D.  
Matthew C. Smith, O.D.

Brittany J. Klass, O.D.  
Courtney M. Smyser, O.D.

## PATIENT AUTHORIZATION TO RELEASE MEDICAL RECORDS

*I hereby authorize you to release me, at the above address, any information including the ocular and refractive diagnosis, pertinent findings and records of any treatment from this patient's most recent visit(s) to your office.  
Thank you for your prompt attention to this request.*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(PARENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR)

Patients Date of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Sincerely,

Lisa K. DeMers, OD  
Lisa K. DeMers, O.D.

Matthew C. Smith, OD  
Matthew C. Smith, O.D.

Brittany J. Klass, OD  
Brittany J. Klass, O.D.

Courtney M. Smyser, OD  
Courtney M. Smyser, O.D.