

Glandorf Vision Group, Inc.

Jesselyn E. Michaud, OD

Abigail M. Hilvers, OD

Optometrists

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Phone: 419-538-6273 Fax: 419-538-7273

Patient: _____ DOB: _____

I grant permission to the office of _____ to release
my patient records to the office of Jesselyn Michaud, OD and Abigail Hilvers, OD.

I do hereby release my practitioner from any laws governing the disclosure of confidential and/or privileged
information.

Signature: _____
(Signature of patient or authorized representative)

Date: _____