



Kaluzne Vision Care

Stephen P. Kaluzne O.D.
1401 Westgate Center Drive
Winston-Salem, NC 27104
(336) 774-1770 Phone
(336) 774-1130 Fax

**Release of Information
Records Release Patient Consent Form**

Patient Name: _____ Date of Birth: _____

Facility where information is being requested: _____

Fax # _____ Phone # _____

I, _____, hereby authorize the above facility to release my previous eye exam information to: Kaluzne Vision Care / Stephen Kaluzne O.D.

My appointment with Dr. Kaluzne is scheduled for: _____

Signature of Patient: _____

Date: _____