

Mark I. Golden, MD, FACS
Doctors For Visual Freedom Laser Center
Golden Eye Surgeons and Consultants
875 North Michigan Avenue Suite 1550
The John Hancock Center
Chicago, IL 60611
Tel: 312-291-9680
Fax: 312-291-9957

I give permission for the release of my medical records to Dr. Golden.

Patients Name _____

Address _____

City, State, Zip _____

DOB _____

I hereby authorize:

Name of Doctor _____

Name of Facility _____

Address _____

City, State, Zip _____

Telephone _____

Fax number _____

Patient's signature_____

Date _____

Your prompt assistance is much appreciated.