

**Family Eye Clinic
Daniel Satterlund OD
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Amery, WI 54001-1034
715-268-9010 FAX: (715) 268-5231**

Date: 03/21/2019

RELEASE OF EXAMINATION INFORMATION: As an extension of my care, I recommend that clinical findings from my examination be shared with other professionals responsible for your care. This form is simply a consent formality. It is our policy not to forward your examination findings without your consent. I hereby consent to allow my examination findings to be shared with other professionals responsible for my care.

Patient/Guardian's signature: