

Helena Eye Clinic

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Helena, MT 59601

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Craig L. Wilkerson, M.D.

Brent S. Harberts, O.D.

I, _____
Patient Name Date of Birth

hereby request that: _____
Doctor's Name

Phone Fax Address

provide in writing to: _____
Name

Phone Fax Address

A report of my diagnosis, treatment, prognosis and recommendations as well as other data pertinent to his treatment of me during the period I was in his care. I understand that many systemic diseases may affect my vision. I give express consent to release any health care information relating to testing diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases psychiatric disorders/mental health, or drug and/or alcohol use.

Please mark one:

Moving ___ Referral ___ Transferring Care ___ Other _____

Patient Signature

Witness Signature

Date