

# Neuro-ophthalmic Consultants Northwest

*A division of Seattle Radiologists, A.P.C.*

## Release of Medical Information

I authorize Steven Hamilton, MD, Eugene May, MD, Marybeth Grazko, MD and the below named agencies or practitioners to exchange any information of a medical, academic, psychological or sociological nature regarding the patient named below. Any information shared will be treated in a professional and confidential manner.

The consent for mutual exchange of information will be between:

Neuro-ophthalmic Consultants Northwest  
Steven Hamilton, MD, Eugene May, MD, Marybeth Grazko, MD  
1229 Madison Street Suite 615  
Seattle, WA 98104  
Phone: (206) 386-2700  
Fax: (206) 386-2703

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_

### Information to be disclosed: (please circle)

Doctors Pertinent    Insurance Pertinent    Discharge Summary  
History & Physical    Operative Report    ER Report

### Test Results: (please circle)

Lab                      Pathology                      MRI                      CT                      X-Ray  
Other: \_\_\_\_\_

This consent has a 90 day time limit unless written withdrawal is provided.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_