

# Bennett Eyecare Midwest, LLC

## Records Release

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Matthew J. Bednar, OD  
David T. Tischinski, OD  
Abbie Rondeau, OD  
Ryan Broyles, OD  
David Fritz, OD

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax #: \_\_\_\_\_

From: **Bennett Eyecare Midwest**

Fax #: \_\_\_\_\_

### RECORDS RELEASE AUTHORIZATION

TO: \_\_\_\_\_

Doctor or Hospital

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Address

I Hereby Authorize and Request you to Release to: **Bennett Eyecare Midwest**

- Eyeglasses prescription     Contact lens prescription  
 Examination data (for the purposes of continuing medical eyecare).

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

(If Relative, State Relationship)

Date: \_\_\_\_\_

This consent for release of records will expire in one year if not stated otherwise.

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Bennett EyeCare Midwest

[www.bennetteyecaremidwest.com](http://www.bennetteyecaremidwest.com)

Gladstone, MO

816-454-2020

f) 816-453-2659

Liberty

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f) 816-415-9743

Platte City

816-858-2522

f) 816-858-2946

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816-229-3001

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