



Scottsbluff Vision Clinic
Eastern Wyoming Eye Clinic



520 College Drive
Torrington, Wyoming 82240
307.532.2060

Dr. J. Todd Mahoney

Dr. Paul B. Colburn

Dr. Natasha K. Jenkins

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name
Date of Birth
Address
City/State/Zip Code
Patient Phone Number

I hereby authorize _____
to release my vision records (including contact lens information) to:

Eastern Wyoming Eye Clinic
520 College Drive
Torrington, Wyoming 82240
Phone Number: 307.532.2060
Fax: 307.532.5710

Patient Signature
Date