

Ocotillo Eyecare

Dr. Timothy Powell, O.D.
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Authorization for Release of Medical Information

I authorize _____
Address _____
Phone _____ Fax _____

To release information concerning medical/ ophthalmic findings and
treatment of patient: _____

To Dr. Powell at Ocotillo Eyecare
Phone: (480) 812-3937 Fax: (480) 812-2073

Signature _____
Print _____
Date _____