CLOMPUS
RETO &
HALSCHEID
Vision Associates, P.C.

DRY EYE CENTER of EXCELLENCE

OPTOMETRY

STEVEN J. RETO, O.D., F.A.A.O.
Comprehensive Exams, Medical Treatment, Glaucoma and Contact Lenses

HARRY N. HALSCHEID, O.D., F.A.A.O.
Comprehensive Exams, Medical Treatment, Glaucoma, Contact Lenses and Low Vision Rehabilitation

CHRISTOPHER S. LEHMAN, O.D.
Comprehensive Exams, Medical Treatment, Pediatric Optometry and Vision Therapy

SABRINA SHERMAN, O.D.
Comprehensive Eye Exams, Medical Treatment, Glaucoma, Contact Lenses & Dry Eye Management

OPHTHALMOLOGY

BRUCE R. SARAN, M.D.
Macular Degeneration and Diseases and Surgery of the Retina and Vitreous

Record Release Authorization

Date_____

To: Clompus, Reto and Halscheid Vision Associates

I hereby authorize and request you to release my medical records to the following office at the address below:

Office Name:_____

Office Address:_____

Office Fax/Phone:_____

Patient's Name:_____

Date of Birth:_____

Signature:_____
(Patient or Legal Guardian)

Witness:_____

WEST CHESTER
Goshen Executive Center • 1450 East Boot Road, 700B • West Chester, PA 19380 • Voice: 610.696.1368 • Fax: 610.430.2079

Exton
93 West Devon Drive, Suite 101 • Exton, PA 19341 • Voice: 610.363.8960 • Fax: 610.363.8962

Website: www.crhvision.com