

PEDIATRIC OPHTHALMOLOGY ASSOCIATES, P.C.

515 NORTH 98th STREET
OMAHA, NEBRASKA 68114
(402) 399-9400
FAX #(402) 399-8170

CARL J. TROIA, M.D. EMERITUS
SEBASTIAN J. TROIA, M.D.
ROBERT N. TROIA, M.D.
SARAH B. WIERDA, M.D.
ANDREW N. TROIA, M.D.

PEDIATRIC OPHTHALMOLOGY
AND ADULT STRABISMUS

RECORDS RELEASE AUTHORIZATION

TO: _____
DOCTOR OR HOSPITAL

ADDRESS: _____

CITY: _____ **STATE & ZIP:** _____

I HEREBY AUTHORIZE AND REQUEST YOU RELEASE TO:

SARAH B. WIERDA, M.D.
515 NORTH 98th STREET
OMAHA, NEBRASKA 68114
PHONE #: (402) 399-9400
FAX#: (402) 399-8170

The complete history records in your possession concerning my
EYE EXAMINATIONS AND INCLUDING ANY AND ALL EYE OPERATIVE REPORTS,
i.e. OPERATIVE REPORTS

NAME: _____ **D.O.B.:** _____

ADDRESS: _____

CITY: _____ **STATE & ZIP:** _____

SIGNATURE: _____
(If relative state relationship)

WITNESS: _____ **DATE:** _____