



# MEDICAL RECORD RELEASE

TallmanEye.com (978) 688-6182

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to have this specific information released: \_\_\_\_\_

### This information should be released to:

Provider's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

This information should be released to: TALLMAN EYE ASSOCIATES  
Medical Records Department  
360 Merrimack Street, Suite 125  
Lawrence, MA 01843  
Fax Number: 978-975-5557

I understand that I may revoke this consent at any time, except where information has already been released.

This authorization is valid for a sixty (60) day period from the date that is signed.

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

(Parent or Leagl Guardian, if Minor)

### Haverhill

62 Brown Street  
Suite 205  
Haverhill, MA 01830  
Fax (978) 521-6269

### Lawrence

360 Merrimack Street  
Entrance I, Suite 125, 1st Floor  
Lawrence, MA 01843  
Fax (978) 685-0055

### Nashua

505 West Hollis Street  
Suite 109  
Nashua, NH 03060  
Fax (603) 882-3020

### Newburyport

21 Highland Ave.  
Suite 1  
Newburyport, MA 01830  
Fax (978) 792-5788

### North Andover

451 Andover Street  
N. Andover, MA 01845  
Fax (978) 655-8545

### Salem, NH

29 Stiles Road, First Floor,  
Salem, NH 03079  
Fax (603) 898-8568

### Cataract and Laser Center

349 N. Main Street #6  
Andover, MA 01810  
Phone: (978) 475-0959