

MountainView Eye Associates P.C.

1786 Oak Road
Snellville, GA 30078
Ph: 770-979-3456
Fax: 770-979-7476

Dr. Thomas Mahon, Jr.
Dr. Nancy Truong

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Information (Please Print):

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I authorize _____ to release
my medical records to:

MountainView Eye Associates P.C.

1786 Oak Road
Snellville, GA 30078
Ph: 770-979-3456
Fax: 770-979-7476

Signature: _____ Date: _____