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Authorization to Release Information

Without your express written permission, DC Retina / Neal Adams MD PC cannot discuss your treatment or billing information with anyone but you the patient. If you want our office to discuss your treatment and billing information with a **spouse, family member, care giver, etc.**, please list their names below. Please notify us in writing of any changes to the list you complete below:

Name(s): _____

Patient Name: _____

Signature: _____

Name of Person (if other than patient): _____

Relationship to Patient (if other than self): _____

Date: _____