

**MIDWEST RETINA CONSULTANTS S.C.**

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RETINA, MACULA AND, VITREOUS  
DISEASES AND SURGERY  
FLUORESCEIN ANGIOGRAPHY

**Authorization to Receive / Release Health Information**

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name and Address of Covered Person/Institution to Receive Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Address of Covered Person/Institution to Release Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Information Below Will Be Used for Patient Care**

Medical Records for Specific Dates of Service (please list) from \_\_\_\_\_ to \_\_\_\_\_

**I hereby authorize the release of protected health information regarding the above-named person be forwarded.  
This authorization shall remain valid unless revoked but will expire in 1 year after signing.**

\_\_\_\_\_  
Printed Name of Patient or Personal Represent

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

SUITE 206, GOLF SURGICAL BUILDING , 8901 GOLF RD DES PLAINES, ILLINOIS 60016 (847) 699-0006 FAX (847) 699-1744  
SUITE LL-2, 1100 W. CENTRAL RD., ARLINGTON HEIGHTS, ILLINOIS 60005 (847) 394-3933 FAX (847) 394-4099  
SUITE 204, PAVILION, 5015 N. PAULINA ST., CHICAGO, ILLINOIS 60640 (847) 698-6300 FAX (847) 698-6002  
SUITE 730, EBERLE BUILDING, 800 BIESTERFIELD, ELK GROVE, ILLINOIS 60007 (847) 394-3933 FAX (847) 394-4099  
SUITE 4500, BUILDING 3, 1555 BARRINGTON RD., HOFFMAN ESTATES, ILLINOIS 60169 (847) 882-1840 FAX (847) 394-4099