Watts Eye Associates, LLC
Dr Chad E McDonald
Dr Katharine D Sullivan
33 Low Street
Newburyport, MA 01950
Office Phone: 978-462-2020
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Release of Medical Records

I _____ whose Date of Birth is

_____ hereby give authorization for Dr Chad E

McDonald or Dr Katharine D Sullivan to release my records to

(please check one) ____ self or _____ new office.

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Date: _____

Signature: _____