

RECORDS RELEASE

Tyree Lee Jenkins, M.D., Inc.

Ophthalmology

615 Piikoi St., Suite 205 • Honolulu, HI 96814

Ph. (808) 591-9911 • Fax (808) 591-9909

Date _____

To: _____

I, the undersigned do hereby authorize you to release to:

A copy of any and all medical records of:

Name: _____ Date of Birth: _____

Signature: _____ Witness: _____