

Darrell E. Genstler, MD
Refractive Cataract Surgery
Acute EyeCare
Eye Trauma
Glaucoma
Dry Eye

Benjamin M Jäger, OD
Primary Vision Care
Acute EyeCare
Glaucoma
Contact Lenses

Kent D Reynolds, OD
Primary Vision Care
Acute EyeCare
Glaucoma
Contact Lenses

Tad Abernathy
Practice Administrator

Gina Steele
Assistant Administrator



MEDICAL RECORD RELEASE AUTHORIZATION

I AUTHORIZE

Genstler Eye Center

To release my medical records to:

(Address)

I authorize **Genstler Eye Center** to release my office records (including, but not limited to, diagnosis, office notes, laboratory results and letters) of my examination and treatment.

Indicated below the specific information you want released. THANK YOU.

- _____ Written Report (If unavailable, all patient records)
- _____ All Patient Records including images
- _____ Contact Lens Specifications, Refraction and Vision
- _____ Visual Fields
- _____ Other _____

Genstler Eye Center
2700 14th Ave. SE
Albany, OR 97322
(541) 928-1667
(800)338-2009

EyeWear Pavilion
(541) 926-1618

Eye Surgery Center
(541) 928-1667
Nursing Director
Connie Arnold, RN

Genstler Hearing Center
(541) 926-1667

Web Site: letsee.com

_____ (Name)	_____ (Date of Birth)
_____ (Address)	_____ (City, State, Zip)
_____ (Patient's Signature)	_____ (Date Signed)
_____ (Witness)	_____ (Date Signed)

Records Release **From** Genstler Eye Center