

The Focal Pointe

RICHARD D. HAMILTON OD • ALLAN O. DEAN OD • ALEX F. FALB OD

BOARD-CERTIFIED OPTOMETRIC PHYSICIANS

Advanced eyecare meets compassion and convenience.

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Primary Care Physician: _____

FAX: _____

Secondary: _____

To Whom It May Concern:

In an effort to comply with Meaningful Use Stage 2, my office is kindly requesting a list of our patient's medications.

I authorize the release of my medication list for my ongoing care with Drs. Hamilton, Falb, and Dean.

Print

Signature

DOB

Date