



OBC: Opticians Of British Columbia



## Release of Patient's Personal Health Information

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Patient's information :

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_

### Eyeglass Information:

Date Eyeglasses Supplied: \_\_\_\_\_

P.D. Distance: \_\_\_\_\_ P.D. Near: \_\_\_\_\_

Prescription: Right \_\_\_\_\_

Left \_\_\_\_\_

Add \_\_\_\_\_

### Contact Lens Information:

Date of Last Office Visit: \_\_\_\_\_

Keratometer: O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

Type of Contact Lenses: \_\_\_\_\_

Base Curve: \_\_\_\_\_ Diameter: \_\_\_\_\_

Powers: O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

This information can fluctuate/change and is considered valid at the time the measurements are taken.  
Additional Comments:

- All information released is based on information collected and kept on file for the above patient.
- Any information misunderstood or redirected, is the responsibility of the above named patient.
- All methods of measurement for the above information meet, or exceeds, the College of Opticians of British Columbia's Standards.

I, \_\_\_\_\_ have reached the age of majority (18 years old), in the Province of British Columbia, and have read the above disclaimer and accept its terms.

Patient signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_