



Jahnle
EYE ASSOCIATES

I AUTHORIZE MY RECORDS TO BE RELEASED TO:

Richard L. Jahnle, M.D.

Hugo M. Linares, D.O.

Edward J. Mekel, O.D.

Rocio C. Pasion, O.D.

PLEASE SEND RECORDS TO:

_____ The Wellness Center, Suite 310
2010 West Chester Pike
Havertown, PA 19083
Phone: 610-446-2260
Fax: 610-446-3360

_____ Riddle Outpatient Pavilion, Suite 3407
1098 West Baltimore Pike
Media, PA 19063
Phone: 610-566-7127
Fax: 610-566-0793

Patient's Name _____
(Please Print)

Patient's Date of Birth _____

Patient's Address _____

Patient Signature _____ Date: _____

Signature of Witness _____ Date: _____

To: Name _____

Address _____

Phone/Fax _____