

Dan Boespflug, O.D. and Chad Cleverly, O.D.

Optometric Physicians

Boise Vision Care, P.A.  
3293 N Milwaukee St  
Boise, ID 83704-4445  
(208) 322-2020



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

**Patient Records Release to Boise Vision Care**

I, \_\_\_\_\_, DOB: \_\_\_\_\_, hereby authorize the release of my visual  
(please print name)  
examination records to Boise Vision Care, P.A., Dr Boespflug or Dr Cleverly. Please also include any  
medical findings as well as fitting information on contact lenses. The fax number at Boise Vision Care is  
208-322-1192, and the e-mail address is [care@boisevisioncare.com](mailto:care@boisevisioncare.com). If you have any questions, you can  
contact me at (     ) \_\_\_\_\_.

\_\_\_\_\_

Patient or Guardian's Signature

**Name of Previous Doctor/Facility:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_