

**Dan Boespflug, O.D., Chad Cleverly, O.D.,  
& Justin Denison, O.D.**  
Optometric Physicians  
3293 North Milwaukee St  
Boise, ID 83704-4445  
(208) 322-2020



---

## **BOISE VISION CARE, P.A.**

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

### **PATIENT RELEASE FORM**

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_, hereby authorize the release of my examination records to Boise Vision Care, P.A., Dr. Boespflug, Dr. Cleverly, or Dr. Denison.

Please include complete information for:

1. Medical Records
2. Vision Records
3. Contact Lens Records: fitting information and materials
4. Glasses: materials used, type of progressive, seg ht, p.d., and frame information

Our fax number is 208-322-1192 or you can email it to us at [care@boisevisioncare.com](mailto:care@boisevisioncare.com).

\_\_\_\_\_  
Patient or Guardian's Signature