SISSON-BOYER EYECARE, LLC

W. Reynolds Sisson, O.D., F.A.A.O.
Kimberly Frantz Boyer, O.D.
Jeffrey Walter, O.D.
Lauren Kibe, O.D.

I _____Date of Birth_____
PATIENT NAME

Give permission to _____
DOCTOR'S OFFICE/MEDICAL FACILITY

To send my current medication list to Sisson-Boyer Eyecare LLC.

_____
PATIENT SIGNATURE OR PARENT/GUARDIAN OF MINOR DATE

To help us comply with Meaningful Use, please supply the above named patient's current medication list to be added to our EHR. Thank you for your assistance in this matter.

Sisson-Boyer Eyecare LLC

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