



283 Pond St
Woonsocket, RI 02895-2006
(401) 769-6323

Patient Authorization

I hereby authorize payment directly to Duquette Family Eye Care, Inc. for the surgical/medical benefit, if any, otherwise payable to me for their service.

I hereby authorize Duquette Family Eye Care, Inc. to release any medical information necessary to process claims.

I understand that I am financially responsible for the charges not covered by this authorization.

Initials

I hereby acknowledge having received a copy of Duquette Family Eye Care, Inc. Privacy Notice.

Initials

Below are the names of family members or other persons allowed to be informed about my eye care and diagnosis:

Names

Phone Numbers
