



Steve Randle, O.D.
Optometry

Steve Randle, O.D. wants to maintain your privacy as well as inform you of your optical prescription products that are finished and ready to be picked up. Please check the following items that apply.

You have my permission to:

- _____ 1) *Leave a message that Steve Randle, O.D. called*
- _____ 2) *Leave message about optical products with family member or on the answering machine*
- _____ 3) *Please do not leave any message and only speak to me*

List the people we are allowed to release information and/or optical product to.

Name (please print) _____

Signature _____ *Date* _____