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Board Certified Ophthalmologist  
Medical and Surgical Diseases of the Eye

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## Records Release

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

Release Records From:

Elena R Farrell, D.O.  
Stephanie A Arlotti, M.D.  
4386 Sturbridge Dr  
Harrisburg, PA 17110

I Hearby Authorize the Disclosure of my Health Information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any information including the diagnosis and records of any treatment  
or examinations rendered to me

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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Signature: \_\_\_\_\_

Witness: \_\_\_\_\_