

Sooke Eyecare

Doctors of Optometry

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V9Z 0E4
P 250-643-4311
F 250-642-2781

Date:

I hereby authorize _____ to release my personal information to Sooke Eyecare Doctors of Optometry.

Patient Name: _____
P.H.N.: _____
Birthdate: _____
Signature: _____

Memo: