

Family Eye and Vision Care

Kevin Wolfinger, O.D

Allison Wolfinger, O.D

I, _____ hereby request Dr.
_____ to release any information
obtained in the course of my examination and treatment to:

Kevin Wolfinger, O.D. and Allison Wolfinger, O.D.

314 9th Street

Huntingdon, PA 16652

Thank you, I appreciate your time.