AUTHORIZATION FOR RELEASE OF BOSTONSIGHT® PROSE DEVICE MANUFACTURING HISTORY TO AN ADDITIONAL BOSTONSIGHT CLINIC

Please note: This authorization is required for sharing manufacturing data that is not typically included in a clinic's Medical Record.

Patient's Name:___________________________________ Date of Birth:___________________________

☐ *Check if your last name has changed since last appointment. (Prior Name:___________________________________)*

Address: ____
Street City State Zip

Phone Number: _______________________________ Email:________________________________

I hereby authorize the BostonSight Manufacturing Lab to allow access to my BostonSight PROSE device manufacturing history and my associated PHI to the following BostonSight PROSE Clinic:

- ☐ Alkek Eye Center/ Baylor (23)
- ☐ Bascom Palmer Eye Institute (37)
- ☐ BostonSight, Needham (9)
- ☐ Brooke Army Medical Center (21)
- ☐ Flaum Eye Institute (102)
- ☐ Kellogg Eye Center (28)
- ☐ Northwell (35)
- ☐ University of California, San Francisco (39)
- ☐ University of Illinois at Chicago (31)
- ☐ USC Roski Eye Institute (19)
- ☐ Weill Cornell Eye Associates (30)
- ☐ Wilmer Eye Institute – Baltimore (36)
- ☐ Wilmer Eye Institute – Bethesda (41)

Signature of Patient or Authorized Representative Date

Printed Name of Authorized Representative Relationship to Patient

For Office Use Only

☐ COM Verified ☐ DTF Linking Completed By: ________________________ Date:_____________