

ARTAMARIE SANTORA BARCLAY, O.D.
ROBERT ADAM BARCLAY, O.D.
FAMILY EYE AND VISION CARE

I, _____, hereby request

Dr. _____ to release any

information acquired in the course of my examination or treatment to :

Drs. Robert & Artamarie Barclay
314 9th Street
Huntingdon, PA 16652

Thank you,