

Novi Ophthalmology, PC

CONSENT TO OBTAIN MEDICAL HISTORY

I hereby authorize Avninder S Dhaliwal, M.D. and/or such assistants as may be designated by him to obtain historical and eligibility data from various public and private sources including, but not limited to, insurance claims data, pharmacy data and prior treating physicians. The information may be necessary to properly diagnose my condition or to determine my eligibility for treatment. Additional consents may be required by the aforementioned sources in order to release this information. Avninder Dhaliwal, M.D. and/or such assistants as may be designated by him may utilize third party business associates for obtaining historical and eligibility data.