



3000 CG Zinn Road, Thorndale, PA 19372 • Phone: 610-384-9100 • Fax: 610-384-3937 • 1175 Lancaster Avenue, Berwyn, PA 19312

Release of Information Request

I hereby agree the named doctor shall disclose and obtain any and all information concerning my eye and visual status, while acting in a professional capacity, waiving all provisions of the law to the contrary, including results of tests and copies of the original medical records.

Patient Information:

Patient Name: _____

Patient Signature: _____

Patient Date of Birth: _____

Patient Address: _____

Social Security Number: _____

Date: _____

Release to:

Group Practice: _____

Physician Name: _____

Address: _____

Phone Number: _____

Fax Number: _____