

1175 Lancaster Avenue, Berwyn PA 19312 • Phone (484) 615-2020 • Fax (610) 240-8903

Release of Information Request

lease Circle One: Release to / Release From / Personal Use
roup Practice:
hysician Name:
ddress:
hone/Fax #
hereby agree the above named doctor shall disclose/obtain any and an and an antiformation concerning this patient's eye and visual status, while acting in rofessional capacity, waiving all provisions of the law to the contrary, including esults of testing and copies of the original medical records.
atients Full Name:
urrent/Previous Address:
urrent Telephone #:
rate of Birth:/ Social Security #:/
atient Signature: Date:
elationship (if signed by person other than patient):