



Dedicated to Excellence in Eye Care Since 1977

The Greenview Pavilion • 3000 C.G. Zinn Road, Thorndale, PA 19372 • Phone (610) 384-9100 • Fax (610) 384-EYES (3937)

Release of Information Request

Please Circle One: Release to / Release From / Personal Use

Group Practice: _____

Physician Name: _____

Address: _____

Phone/Fax # _____

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

Patients Full Name: _____

Current/Previous Address: _____

Current Telephone #: _____

Date of Birth: ___/___/___ **Social Security #:** ___/___/___

Patient Signature: _____ **Date:** _____

Relationship (if signed by person other than patient): _____