



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/from/personal use (please circle one):**

Group Practice: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_