



4217 VIRGINIA BEACH BOULEVARD
VIRGINIA BEACH, VIRGINIA 23452
TELEPHONE: (757) 340-7070
FAX: (757) 340-7500

RECORDS RELEASE

DATE: _____

TO: _____

REASON FOR REQUEST: _____

I, _____, **DOB** _____

Hereby authorize, you to release my records to the above listed office, including the diagnosis, records of any treatment or examination rendered to me and glasses/contact lens prescriptions for years: _____ - _____.

Signature

Date

Witness

Date

WWW.ATLANTICEYECARE.NET