

RELEASE OF MEDICAL RECORDS

New Bern Family Eye Care
SpecialEyes Pediatric Clinic
2805 Village Way
New Bern, NC 28562
Phone: (252) 633-0016
Fax: (252) 636-3895

Pamlico Family Eye Care
P.O. Box 219
Alliance, NC 28509
Phone: (252) 745-4100
Fax: (252) 745-3909

Patient name: _____ DOB: _____

I grant permission to release my patient records to:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

I grant permission to request my patient records from:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

The medical findings and treatment disclosed should cover the period of time from _____ to _____ OR the following specific record: _____.

In initiating this request, I hereby release my practitioner from any laws governing the disclosure of confidential or privileged information.

Date: _____
Signature of Patient, Parent, Guardian or Personal Representative

Date: _____
Print name of Patient, Parent, Guardian or Personal Representative

Expiration date: _____