



**nera** New England  
Retina Associates  
*Specializing in diseases and surgery of the retina and vitreous*

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## RECORDS RELEASE AUTHORITY

I, \_\_\_\_\_, hereby request that you release to

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Name

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Address

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Address

a report of my diagnosis, treatment, prognosis, as well as any other data pertinent  
to your treatment of me from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Patient DOB

1445 East Putnam Avenue  
Old Greenwich, CT 06870  
Phone: (203) 698-8880  
Fax: (203) 698-9178

999 Silver Lane, Unit 2B  
Trumbull, CT 06611  
Phone: (203) 445-9320  
Fax: (203) 242-8661

162 Kings Highway North  
Westport, CT 06880  
Phone: (203) 222-7474  
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