

RECORDS RELEASE FORM

Regional Eyecare Associates

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Wentzville, MO 63385
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Cottleville, MO 63376
(636)244-5378
Fax (636) 922-7531

10738 Business 21
Hillsboro, MO 63050
(636) 586-7770
Fax (636)310-1096

Releasing Records to Regional Eyecare Associates:

I, _____, wish for all my medical records, up to the past five years, to be transferred from:

Doctor/Facility: _____

Address: _____

City, State, & Zip: _____

Phone (____) _____ Fax: (____) _____

Patient Name: _____ DOB: _____

Address: _____

City, State, & Zip: _____

Please mail or fax my records to Regional Eyecare Associates within the next week.

Patient/Guardian Signature:

Date:

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