



PRECISION EYE CARE
3975 State Hwy 6 S., Suite 900
College Station, TX 77845
Ph: (979) 985-5305 Fax: (979) 979-764-4312

Release of Medical Records

I authorize that the following records be released to _____

at fax number _____.

All of my medical records.

All medical records dated from _____ to _____.

Only medical records related to:

Most recent glasses and contact lens prescription (if applicable)

Contact lens fitting and follow-ups

Cataract surgery including preoperative and postoperative exams

Specialty procedures related to a glaucoma workup

Retinal evaluation

Other _____.

Signature

Date of Birth

Printed Name

Today's Date