27356 Cashford Circle
Wesley Chapel, FL 33544
Phone: (813) 994 7000
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NEW TAMPA EYE INSTITUTE

Gretta Fridman, M.D.
Laurie Small, M.D.
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Scott Friedman, M.D
David Richards, M.D.

Release of Medical Records

To: _____

Phone: _____

Fax: _____

From: _____ D.O.B _____
(Patient's name)

This is to request that you release copies of the above named patient's medical records, registration forms, correspondence and materials pertinent to the patient's care. Include chart dictation, procedure notes, flow sheets, GDx, OCT, VF, ORB, photographs, past medication and allergies.

Please send this information to:

New Tampa Eye Institute
27356 Cashford Cir
Wesley Chapel, FL 33544
Tel: 813-994-7000
Fax: 813-994-3781

Signed:_____
(Signature of patient or person responsible for patient)

_____
Relationship

Date: _____