

FLORIDA EYE MICROSURGICAL INSTITUTE, INC.

Phone: (561) 737-5500 Fax: (561) 737-7055

MEDICAL RECORDS RELEASE

Patient Information

Full Name: _____ Phone: _____

Address Line 1: _____ DOB: _____

Address Line 2: _____ SSN #: _____

City and State: _____ Zip: _____

Request Records From

Doctor/Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Send Records to

Doctor/Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Offices Note Dates: from _____ to _____ Other Test: _____

Signature _____ Date _____

Reason for request _____

Mail Release: 1717 Woolbright Road; Boynton Beach, FL. 33426

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