

EYECARE PLUS

DAVID A. JOHNSON, O.D. NANCY S. BARR, O.D. LINDSAY J. MARSHBURN, O.D. ROSS MONTGOMERY, O.D.  
301 PETROL POINT, PEACHTREE CITY, GA, 30269  
VOICE 770.487.2020 FAX 770.487.2720

# FAX COVERSHEET

TO:	FROM:
FAX:	PAGES:
PHONE:	DATE:
RE:	CC:

- URGENT     
 FOR REVIEW     
 PLEASE COMMENT     
 PLEASE REPLY

COMMENTS:

THE INFORMATION TRANSMITTED IS INTENDED ONLY FOR THE PERSON OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN CONFIDENTIAL, PROPRIETARY, AND/OR PRIVILEGED MATERIAL. ANY REVIEW, RETRANSMISSION, DISSEMINATION OR OTHER USE OF, OR TAKING OF ANY ACTION IN RELIANCE UPON THIS INFORMATION BY PERSONS OR ENTITIES OTHER THAN THE INTENDED RECIPIENT IS PROHIBITED. IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDOR AND DESTROY THE MATERIAL.

### RELEASE OF MEDICAL RECORDS

I hereby request the release of my patient records from Dr. \_\_\_\_\_

To be forwarded to Dr. \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_