

MILLARD FAMILY EYECARE

A MEMBER OF *VISION SOURCE*

Dr. David Michaels • Dr. Ellen Weiss • Dr. Desinee Drakulich
Optometrists

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: _____

From: Millard Family Eyecare
12660 Q Street
Omaha, NE 68137
Phone: (402) 896-3300
Fax: (402) 896-5931
www.millardfamilyeyecare.com

Patient: _____

Date of Birth: _____

- This patient has come to our office for their eyecare needs. At the patient's request, please forward all medical records to our office.
- This patient is coming to your office for their eyecare needs. At the patient's request, their medical records are being sent to your office.
- Note: We are specifically requesting information regarding this patient's _____

I hereby grant the above named person(s)/ medical facility permission to exchange information from my records.

Patient's Signature

If patient is a minor, Parent/Guardian Signature