



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