



6719 Maynardville Pike
Knoxville, TN 37918
Phone: 877-865-3937
Fax: 865-922-8412

Patient Request for Medical Records

I authorize _____ to release my records with all information including the diagnosis and records of any treatment or examination rendered to me to Volunteer Eyecare.

Request records from

Authorize records to

All Records _____

Records dated _____

Patient Name _____

Patient DOB _____

Patient Signature _____

Minors: Guardian Signature _____