

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