

Date:

MEDICAL RECORDS RELEASE FORM

PLEASE RELEASE RECORDS FROM BLINK EYE CARE TO:
ATIENTS NAME:
ATIENTS DOB:
ATIENT/GUARDIANS SIGNATURE:

BLINK EYE CARE AND EYE WEAR 16618 RIVERSTONE WAY, CHARLOTTE NC 28277 PHONE: 704-817-3800 FAX: 980-422-0380