

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED FROM:

Haywood Family Eye Care,O.D., PLLC

Dr. Aimee McBride, O.D.

Dr. Thomas Pinkston, O.D.

29 North Main Street

Waynesville, N.C. 28786

(828)456-8361

FAX:(828)452-4527

PATIENT'S NAME (PLEASE PRINT)

PATIENT'S SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

BIRTHDATE

SOCIAL SECURITY NUMBER

REQUEST FOR RELEASE OF MEDICAL RECORDS TO:

PHYSICIAN'S NAME/MEDICAL OFFICE (PLEASE PRINT)

PHONE/FAX NUMBER

ADDRESS

CITY

STATE

ZIP CODE