***THE EYE DEPOT***
***426 Manatee Avenue West***
***Bradenton, Florida 34205***
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***(941) 746-7365 Fax***

**Daniel B. Pope, M.D.** **William H. McSwain, M.D.** **Andrew C. Hou, M.D.**

# PERMISSION FOR RELEASE OF MEDICAL RECORDS

PATIENT:______________________________ CHART#:________________

BIRTHDATE:________________ SOCIAL SECURITY#:____________________

OFFICE SENDING RECORDS: ______________________________________
Physician's Name

______________________________________
Address

______________________________________
City State Zip

I hereby request that my medical records be released to:

OFFICE RECEIVING RECORDS: ______________________________________
Physician's Name

______________________________________
Address

______________________________________
City State Zip

________________________ ________________________
Phone Fax

________________________ ________________________
Witness Patient's Signature

________________________________ ____________
Signature of Physician Requesting Records Date