



Records Release Form and Fees

Please select what records you want and in what format you want to receive them or have them delivered:

- Copy of latest glasses prescription (and contact lens prescription if applicable)
Pick up at eyecarecenter (no charge)
Mailed to \$1.00 fee
Faxed to another eye care provider
Specify provider Fax #
Faxed copy of prior 3 years of records to another eye care provider
Specify provider Fax #
Photocopies of all records
Service charge of \$3.00 plus \$0.20 per page copied payable in advance
Pickup (no additional charge)
Mail to: \$2.00 additional

Please note the following:

- We do not release information over the phone
We fax information one time per business day only (1:45pm)
Allow 5-7 business days for copies by mail

Patient name (please print) :
Patient date of birth: / /

I authorize eyecarecenter to release my information as noted above. I agree that any prior balances on the referenced account as well as any charges associated with records transfer (if any) must be paid before records are released.

Signature (patient or legal guardian) :
Date : / /