Joseph P. Walker, MD, FACS • Board Certified Retina Specialist
Paul A. Raskauskas, MD, FACS • Board Certified Retina Specialist
Tom Ghuman, MD, FACS • Board Certified Retina Specialist
Ashish G. Sharma, MD, FACS • Board Certified Retina Specialist
Katrina A. Mears, MD • Board Certified Retina Specialist
Donald C. Fletcher, MD • Director, Low Vision Rehabilitation

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REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient Name: ____

Address: ____

City______________________________State:__________Zip:__________

Date of Birth:______________________________

I request that you release a complete copy of any pertinent medical records, including relevant dictated correspondence, photographs or findings of diagnostic studies. I further request that you release any information about the fact and/or results of AIDS / HIV testing. Please transmit a copy to:

TO / FROM: RETINA CONSULTANTS OF SOUTHWEST FLORIDA
6901 International Blvd.
Fort Myers, FL 33912
Phone: 239-939-4323 • Fax: 239-939-4712 • Secure email: eyemail@eye.md

TO / FROM: Name: ____

Address: ____

City______________________________State:__________Zip:__________

Patient Signature:______________________________Date:______________

Witness:______________________________Date:______________