



TRI·COUNTY

Eye Physicians & Surgeons, PC

319 Second Street Pike · Southampton PA 18966 · Tel 215.355.4428 · Fax 215.355.0790
352 E Butler Ave (Rt 202) · New Britain PA 18901 · Tel 215.230.4700 · Fax 215.230.9994

**Request for
Records Release
Authorization**

Name _____	Record # _____
Address _____	DOB _____

Date of Request: _____

Treatment period from: _____
to: _____

- I hereby authorize and request that **you release to** Tri-County Eye Physicians & Surgeons, PC the complete medical records in your possession concerning my illness and/or treatment during the treatment period outlined above.
- I hereby authorize and request that Tri-County Eye Physicians & Surgeons, PC **releases to you** the complete medical records in their possession concerning my illness and/or treatment during the treatment period outlined above.

To: _____
Doctor

Address

City, State, Zip

Signature (if guardian, state relationship)

Witness