

ALLEN EYECARE CENTER

DR. JEFFERY WOOD  
DR. WILLIAM KRITZER, JR.  
THERAPEUTIC OPTOMETRISTS

321 N. ALLEN DR. • ALLEN, TEXAS 75013



**Request for Release of Medical Records**

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Signature of patient: \_\_\_\_\_

**I hereby request that my medical records be released to:**

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_