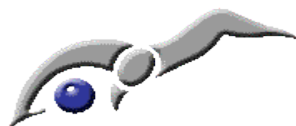

BEACH EYE CARE

www.beacheyecare.com

1201 First Colonial Road, Virginia Beach. VA 23454

G. Peyton Neatrour, M.D
Vivek K. Jain, M.D.
Teresa Shenouda, M.D.
Mark A. Lipton, O.D.
Jeffrey A. Dunn, O.D.
David J. Tang, O.D.
Cynthia Koza, O.D.

medical records will be put on disc

RECORDS RELEASE AUTHORIZATION

I, ____ (date of birth ____/___/_____)
(PRINT NAME OF PATIENT)

request the release of my medical records to:

____

____

____

❒ Pick-up ❒ Mail ❒ Fax to:_________________

for the purpose of:

_____ Second Opinion
_____ Moving
_____ Changing Physicians
_____ Other: ____

____ _____________

Patient's /Parent's or Guardian's Signature Date

If you do not anticipate returning to our practice, please indicate whether it is a result of circumstances that we can attempt to avoid in the future:

_____ Lengthy wait in office

_____ Billing problems

_____ Discourteous staff member

_____ Scheduling difficulties

_____ Dissatisfaction with medical care

_____ Other (Please describe) ____

Phone: (757) 425-5550 Fax: (757) 412-2606 email lasik@beacheyecare.com