

BEC Patient Acct# \_\_\_\_\_

BEC Dr Pt was under the care of: \_\_\_\_\_



## BEACH EYE CARE

[www.beacheyecare.com](http://www.beacheyecare.com)

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Summer Sayers, OD		Melissa Le, OD	Steven Wilkins, OD

### RECORDS RELEASE AUTHORIZATION

**\* Medical Records WILL be put on a DISC unless requested otherwise. Colored IMAGES may NOT be faxed since they are in color**

I, \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_) am requesting that my  
(PRINT NAME OF PATIENT) DATE OF BIRTH

**Patient's New Address if different from what we have (please confirm):**

\_\_\_\_\_

Entire Chart (could take 30 days to process)  Last office notes  Optos Images Only  Specific dates of service

#### Please send my Medical Records to:

Doctor, Name of Practice, or Person: \_\_\_\_\_

Address of Doctor, Name of Practice, or Person: \_\_\_\_\_

I would like to:  Pick-up @ FC, HR, RED, GB  Mail  Fax to: \_\_\_\_\_

#### For the purpose of:

Second Opinion  Moving/Moved out of area  Changing Physicians  Other: \_\_\_\_\_

\_\_\_\_\_  
Patient/Parent or Guardian's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_ Lengthy Wait in Office \_\_\_\_\_ Scheduling Difficulties \_\_\_\_\_ Billing Problems  
\_\_\_\_\_ Discourteous Staff Member \_\_\_\_\_ Dissatisfaction with Medical Care  
\_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

\_\_\_\_\_ - **Witness/BEC Employee Initials**