BEACH EYE CARE

BeachEyeCare.com | 757.425.5550

G. Peyton Neatrour, M.D.
Vivek K. Jain, M.D.
Edgar Levine, M.D.
Jason Alvarez. M.D.
Nathan Kanyinda, M.D.
Patrick Barker, M.D.
David Tang, O.D.

Deanna Ritenour, O.D.
Rebecca Bumgardner, O.D.
Melissa Le, O.D.
Emily Scannell, O.D.
Glenn Coffin, O.D.
Summer Sayers, O.D.
Kathryn Taylor, O.D.

Records Release Authorization

Account number: _____ Beach Eye Care Provider: Select Provider _____

I,_____, _____ **am requesting the release of –**
Print Patient Name Date of Birth

☐ **Entire Chart** (processing up to 30 days) ☐ **Last office notes** ☐ **Imaging Only** ☐ **Specific dates of service**
*Medical Records WILL be in a compressed digital format unless requested otherwise. Color Imaging available in this format only, NOT available via Fax.

Please send my Medical Records

To the attention of: _____

At the address of: _____

I would like a copy made available to me via:

☐ **Pick-up @** Choose Location ☐ **Mail** ☐ **Fax to:** _____

For the purpose of:

☐ **Second Opinion** ☐ **Moving/Moved out of area** ☐ **Changing Physicians** ☐ **Other:** _____

_____ _____
Patient / Guardian Signature Date
Your typed name constitutes a digital signature

Return this completed form via method received, or:
Email us: medicalrecords@beacheyecare.com
Fax us: 757-412-2606

If you do not anticipate on returning to our practice, please indicate whether it was a result of circumstances we can mitigate going forward:

☐ Wait times too long ☐ Scheduling difficulties ☐ Billing problems ☐ Dissatisfaction with medical care
☐ Discourteous staff member ☐ Other (please describe): _____