



"We take your eyes to heart"

Lawrenceville Family Eyecare
Gwinnett Medical Building
575 Professional Drive, Suite 100
Lawrenceville, GA. 30046
T: (678) 993-2020
F: (678) 993-2000

PERMISSION TO RELEASE PATIENT'S RECORDS

Patient: _____ Date _____

I grant permission to this office to release my patient records to
_____. The medical findings and treatment
disclosed should cover the period of time from _____
to _____. In initiating this request, I hereby release
my practitioner from any laws governing the disclosure of confidential or privileged
information.

Signature of Patient _____