SEEN
FAMILY EYECARE

Dr. Fadee M Bittar, O.D.
19 Hidenwood Shopping Center,
Newport News, VA, 23606
(757) 324-3952
www.seenfamilyeyecare.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____ Date of birth: _____ Phone: _____

Request release of information TO:	Request release of information FROM:
SEEN FAMILY EYECARE	_____ (Physician/Facility)
19 Hidenwood Shopping Center	_____ (Physician/Facility)
Newport News, VA 23606	_____ (City/State/ZIP)
Phone (757) 324-3952	_____ (Phone)
Fax (877) 294-8819	_____ (Fax)

By signing this form, I authorize you to release confidential health information about me by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/person/facility/ entity listed above.

The information you may release subject to this signed release form is as follows:

_____ Any and all medical records (past year)
_____ Complete medical records
_____ Physicians note
_____ Operative Reports
_____ X-Ray/Diagnostics Reports
_____ Current prescription
_____ Medical records relating to a specific injury (Specify Injury: Date of Injury:)

The purpose for the release is as follows:

_____

Patient Signature (or legal guardian): _____ Date: _____