

# PROVISION LASER EYE CENTER

*Request for release of medical records to ProVision Laser Eye Center*

Do you have questions? Please feel free to contact us at (941) 493-0311

**I hereby authorize you to release my medical records to:**

**Provision Laser Eye Center**

Scott Durrett, MD      Robert Daddario, OD

1219 Jacaranda Blvd.

Venice, FL 34292

(941)493-0311    (941)492-4655

**Requested from:**

**Physician Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**All medical records, including, but not limited to information regarding any...**

- Treatment
- Hospitalization
- Outpatient care including psychological/psychiatric care
- Sexually transmitted diseases
- Drug/alcohol abuse and rehabilitation
- Acquired Immune Deficiency Syndrome (AIDS)
- Tests for Human Immunodeficiency Virus (HIV) Antibody or Antigen.

**PLEASE CROSS OUT ANY INFORMATION THAT YOU DO NOT WANT INCLUDED IN THIS RELEASE**

**This release of medical records expires six (6) months from the date below.**

**Patient Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or legally authorized representative

\_\_\_\_\_  
Date