

BENNETT WALTON

VISION

Instructions for patients: Please print and complete this form, and then fax it to 713-626-7744 to have your records sent to Bennett Walton Vision.

Request for Release for Medical Records to be sent from Slade & Baker Vision (fax 713-626-7744) to Bennett Walton Vision (fax 281-849-7505).

Patient name: _____

Patient date of birth: _____

Date Range to be sent: _____ through _____

Please include: All clinic notes, visual field tests, Atlas topography, Orbscan topography, optical coherence tomography (OCT), and Lenstar biometry

_____ Signature of Patient or Patient's Authorized Representative:

_____ Signer's written name

www.BennettWaltonVision.com

Phone (713) 893 -2020

Fax (281) 849-7505