

Eye Physicians and Surgeons, Inc.

Diseases and Surgery of the Eye • Cornea and External Disease • Refractive Surgery
3031 Javier Road • Suite 300 • Fairfax, Virginia 22031 • Phone: 703-698-8880 • Fax: 703-698-8884
5249 Duke Street • Alexandria, Virginia 22304 • Phone: 703-823-5205 • Fax: 703-823-9391

Records Release

Date: _____

To: _____

I hereby authorize you to release to:

I authorize the release of any information including the diagnosis and records of any treatment rendered to me during the period from

_____ to _____.

Signature: _____

Patient Name: _____

Patient Date of Birth: ____ / ____ / ____

Witness: _____

*Email to records@eyephys.com

*Please allow up to 10 business days

*There will be an administrative fee of \$10.00 + \$0.50 for pages 1-50; + \$0.25 for pages 51+