

FRANKLIN EYE CARE, LLC
Dr. Paula A McCurdy, Optometric Physician
2222 Delsea Drive, Franklinville, NJ 08322
Phone: (856) 694-4475 Fax: (856) 694-1606

Records Release Authorization

Patient: Please complete and print information clearly:

To: _____
(Name of Practice, if any)

(Doctor's Name or Hospital)

(Address)

(Phone / Fax)

I hereby authorize and request you to release to:

Paula A. McCurdy, O.D.
2222 Delsea Drive
Franklinville, NJ 08322

The complete history records in your possession,
concerning my illness and/or treatment during the period

from _____ to _____.

Patient: Please complete and print information clearly:

Patient Name: _____ DOB: _____

Address: _____

Signature: _____

Office Use Only:

Signature of Witness: _____