



ZDENEK EYE INSTITUTE and Laser Center

GENE W. ZDENEK, MD

Medical Director

Office 818.708.2222

FAX 818.342.3937

E-mail Z@fyeye.com

URL www.fyeye.com

Release of Medical Records

Patient Name: _____

Today's Date: _____

Patient's Date of Birth: _____

List medical records to be released:

Please send the records to:

Name: _____

Phone #: _____

Fax#: _____

Address: _____

Date-to be delivered: _____

Signature

Date

Print Name