



## MEDICAL INFORMATION RELEASE FORM

## Patient Information:

Name:		
Address:		
City:	State:	Zip:
Phone:		Date of Birth:

Request Medical Information FROM:  Center For Sight  Other (fill in information below)

Physician/Practice Name:			
Address:			
City:	State:	Zip:	Phone:

## Send Medical Information TO:

 Center For Sight

- AMARA:** 1370 East Venice Avenue, Suite# 205 – Venice, FL 34285 – 941.263.4799 Fax 941.412.0074
- Sarasota:** 2601 South Tamiami Trail – Sarasota, FL 34239 – 941.925.2020 Fax 941.330.2200
- Venice:** 1360 East Venice Avenue – Venice, FL 34285 – 941.488.2020 Fax 941.488.2503
- Englewood:** 1800 S. McCall Road – Englewood, FL 34223 – 941.474.2020 Fax 941.473.4142
- North Port:** 14844 Tamiami Trail – North Port, FL 34287 – 941.484.2020 Fax 941.426.8701
- Siesta Drive:** 1800 Siesta Drive – Sarasota, FL 34239 – 941.953.2020 Fax 941.953.2046
- University Park:** 5409 University Parkway – University Park, FL 34201 – 941.330.2020 Fax 941.351.9446
- Pelican Plaza:** 8224 South Tamiami Trail – Sarasota, FL 34238 – 941.918.2020 Fax 941.918.2036
- Jacaranda:** 1236 Jacaranda Boulevard – Venice, FL 34292- 941.496.4444 Fax 941.496.4223
- Naples:** 700 Neapolitan Way – Naples, FL 34103 – 239.261.8383 Fax 239.261.8443
- Sarasota:** 2650 S. Tamiami Trail – Sarasota, FL 34239 – 941.953.3111 Fax 941.366.5670

 Other:

Name:		
Address:		
City:	State:	Zip:

 Complete medical records in your possession, concerning my illness and/or treatment during the period from \_\_\_\_\_ to \_\_\_\_\_.

## Reason(s) for Records Request:

- Moving out of the area
- Insurance Change. New Insurance: \_\_\_\_\_
- Change of provider. Provider Name: \_\_\_\_\_
- Primary physician needs records
- Copy for northern physician
- Other (please explain): \_\_\_\_\_

**I authorize the release of information including diagnosis, records; examination rendered to me and claims information. This Release of Information will remain in effect until terminated by me in writing.**

Patient or Legal Representative

Date

At Center For Sight, we consider it a privilege to be entrusted with your care. Please allow 10 business days for processing your request.