

Connecticut Eye Physicians PC
540 Saybrook Rd Suite 160
Middletown, CT 06457

TELEPHONE (860) 347-9377 FAX (860) 347-4146

RECORDS RELEASE REQUEST

To:

Phone:

Fax:

I hereby authorize and request you to release to Dr. Thomas J Beggins or Dr. Anthony Salierno the complete history records in your possession concerning my illness and/or treatment.

NOTES:

Patient Name:

Address:

Date of Birth:

Patient Signature: