PEREZ EYE CARE
Angelica Perez, O.D.
Patricia Perez Vorona, O.D.

OPTOMETRIST
55 E. WASHINGTON STREET
CHICAGO, IL 60602
Phone (312) 332-0921
Fax (312) 332-0963

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: ____
Name (Print)

____
Address

____
City, State, Zip

I hereby request that my medical records be released to:

Perez Eye Care
55 E. Washington Street, Suite 647
Chicago, IL 60602

____
Patient's Name (Print)

____
Patient's Signature

____
Address

____
Birth date