

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

OPTOMETRIST  
2252 W. CERMAK  
CHICAGO, IL 60608  
Phone (773) 847-1581  
Fax (773) 376-9510

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**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  
2252 W. Cermak  
Chicago, IL 60608

\_\_\_\_\_  
Patient's Name (Print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birth date