

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

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