Bradley Eye Care Center
DR. JERRY A. RICHT, O.D.

RECORD RELEASE / REQUEST

TO:

ADDRESS:

PHONE #:

FAX #:

I hereby authorize my optometrist/ medical records to be released and transferred to/ from:

BRADLEY EYE CARE CENTER
JERRY A. RICHT, O.D.
76 MOUSE CREEK RD NW
CLEVELAND, TN 37312
Phone #: (423) 472-5085
Fax #: (423) 476-7411

NAME OF PATIENT:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PATIENT'S SIGNATURE:

DATE: