

Wilson Eye Associates, Optometrists, PA

2402 Montgomery Drive SW

Wilson, NC 27893

Phone (252) 243-2020 \*\*\* Fax (252) 291-2020

**Request for Release of Medical Records from Wilson Eye Associates**

I authorize Wilson Eye Associates to release health information identifying me. This includes all medical records generated by Wilson Eye Associates for my eye care.

Purpose for the release: At the request of the patient or authorized representative.

Expiration of Authorization: For this event only.

Additional details, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Release To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and understand this form and I am signing it voluntarily. I authorize the disclosure of my protected health information as described in this form.*

\_\_\_\_\_  
Patient or Authorized Signature

\_\_\_\_\_  
Relationship, if other than patient

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Patient Information, (please print clearly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Kevin G. Payne, OD

Ralph B. Perry, OD

Russell B. Stone, OD

Ralph B. Perry, Jr. OD

Matthew C. Aldrich, OD