

Thomas P. Reyburn, OD



596 Ada Drive SE, Ada, MI 49301
616-676-1283 Fax: 616-676-9133
www.adavisioncare.com
info@adavisioncare.com

Medical Record Release Form

In accordance with HIPAA Law and office policy, a patient is required to sign a release document prior to releasing any patient information. Please allow up to two business days to process.

Date: _____

Patient Name (print): _____ Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Signature: _____

Information to be released:

- Eyeglass prescription
- Contact lens prescription
- Medical chart notes/ test results/ images
- Vision chart notes

Send to: _____

Attention: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email for digital fundus images: _____

In accordance with Medical Records Access Act 47 of 2004 (section 9), a reasonable handling fee (up to 20 dollars), copying fee (one dollar per page), and shipping fee may be required before actual release.