Clinton W. Sheets, M.D.
Tel: 727.300.0299
Fax:727.249.0969

Advanced Cataract & Glaucoma Care, PLLC

7515 State Rd 52 Ste 104
Hudson FL 34667-6757
doctorsheets.com

Medical Records Release Form

Patient Name: _____

DOB: _____(mm/dd/yyyy)

Facility name & fax number authorized to release medical records:

Name: _____ Fax Number: _____

This is a written request for my medical records for continuity of care. Please send my full records and ANY VISUAL FIELDS to:

Advanced Cataract & Glaucoma Care, PLLC

7515 State Road 52, STE 104

Hudson, FL 34667

727-300-0299

Fax: 727-249-0969

Sincerely,

_____