ACCESS EYE
STAY FOCUSED

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Cameron Rowe, *O.D.*
Mitchell Surkamp, *O.D.*
Meghan Thompson, *O.D.*
Lucia Yang, *O.D*

Patient Records Release Form

Patient Name: Patient Date of Birth:

I authorize the following office to release my records to Access Eye:

Name:

Address:

Phone: Fax:

I authorize Access Eye to release my records to the following office/individual:

Name:

Address:

Phone: Fax:

Pursuant to Virginia code § 8.01-413, a fee of $20 will be charged for search and handling and $0.37 per page, and all postage and shipping costs. We will provide the records for the last three visits with our practice unless additional visits records are requested.

*Please note that we can provide access to your *records through your patient portal at no cost.

By typing your name electronically on this form, you agree that your electronic signature is the legal equivalent of your manual signature.

Patient/Guardian Signature: Date:

*Some exclusions may apply based on dates of service and types of service.

PHONE : 540·371·2020 FAX : 540·373·0141 WEB : ACCESSEYE.COM

ROUTE 1
110 CAMBRIDGE STREET
FREDERICKSBURG, VA
22405

ROUTE 3
4516 PLANK ROAD
FREDERICKSBURG, VA
22407

PARKWAY
4701 SPOTSYLVANIA PARKWAY
SUITE 110
FREDERICKSBURG, VA
22408

AQUIA PARK
2761 RICHMOND HIGHWAY
SUITE 205
STAFFORD, VA
22554

KING GEORGE
7961 KINGS HIGHWAY
KING GEORGE, VA
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