



TOTAL VISION

Eye Health Associates

The First Choice in Eye Care

Medical Records Release Form

I the undersigned, hereby authorize

_____ Request Copy of Medical Records

_____ Request Contact Lens Information

_____ Request Summary Letter

Including the diagnosis and records of any treatment and examination rendered to, by the following:

_____ Print name of patient

_____ Date of Birth

_____ Patient signature

_____ Patient address

_____ Phone number

_____ Witness

_____ Date

DeLand
840 N Stone St.
DeLand, FL 32720
Ph: (386) 734-1766
Fx: (386) 740-7866
Dr. Timko
Dr. Heacock

New Smyrna Beach
330 Canal St.
New Smyrna Beach, FL 32169
Ph: (386) 423-5190
Fx: (386) 423-1490
Dr. Stephens
Dr Chih

Debary/Orange City
2836-3 Enterprise Rd.
Debary, FL 32713
Ph: (386) 668-8885
Fx: (386) 668-3301
Dr. Ramey

Port Orange
5820 S Williamson Blvd
Suite 106
Port Orange, FL 32128
Ph: (386) 767-4449
Fx: (386) 767 1980
Dr. Wilgers
Dr. Chih

Palm Coast
15 Cypress Branch Way
Suite 206
Palm Coast, FL 32137
Ph: (386) 445-1880
Fx: (386) 445-8796
Dr. Chalker
Dr. Stephens

Jeff Timko, OD, FAAO

Dustin Ramey, OD

Charles Heacock, OD, FAAO

Kirsten Wilgers, OD

Phil Stephens, OD

Andreea Chih, OD