



RICHARDSON
VISION CLINIC

Brad Richardson, OD | Eli Richardson, OD | Levi Richardson, OD
2804 19th Avenue, Forest Grove, OR 97116
(503) 357-2020
www.richardsonvisionclinic.com

Record Release Request

PATIENT INFO

Our office is requesting patient records for:

Patient Name _____ DOB _____

CLINIC

Name and contact information of the clinic where health records are being requested from:

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

RECORDS REQUESTED

We are presently caring for the above listed patient. To help with the continuity of care of our mutual patient, we are requesting that the following records be sent to our office:

Most Recent Exam All Exams Other: _____

Type of Records

- All health records
- General Health History
- Eye Health History
- Refractive History
- Contact Lens History
- Imaging/Photos/Fields
- Medical History
- Other _____

PATIENT AUTHORIZATION

I hereby give permission to **Richardson Vision Clinic** to obtain a copy of the aforementioned documents and request that the records be faxed to **(503) 694-7757** or sent to the following address: **2804 19th Avenue, Forest Grove, OR, 97116**

Patient Signature

Date