



RECORDS RELEASE

Date: ____ - ____ - ____

Patient Information:

Name: _____

Address: _____

City State Zip

Phone: _____

Date of Birth: ____ - ____ - ____

I am requesting a summary of my care with:

Name

Address City State Zip

Phone number Fax number

be sent to:

R City Eye Care
Dr. Rica McRoy & Dr. Alana Coker
4030 Balmoral Drive SW Ste A
Huntsville, AL 35801-6402
256-801-0099 256-533-1369 fax

Signature

Date