

# EYE FLORIDA

ADVANCED MEDICAL • SURGICAL • AESTHETIC SERVICES

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## RELEASE OF MEDICAL RECORDS

I, \_\_\_\_\_ D.O. B, \_\_\_\_\_ request that EYE FLORIDA send/give copies of my medical records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason for request of medical records: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE OF MEDICAL RECORDS POLICY:** Should you need copies of your records, please note the following in accordance with Florida Statute: For copies of chart pages, a minimum of ten (10) working days and not more than thirty (30) is required to process your request. A completed and signed record release must be done before any records are released. If records are not being directly released to another physician's office, there will be a fee of \$1.00 per page for the first 25 pages and 0.25 cents per page after that, payable prior to release of your copies. Reproduction of photographic materials will require additional time over and above ten (10) days. Any reproduction of photographic materials will be billed to you at the cost of reproduction, payable prior release.

You will be contacted by a a member of the Eye Florida staffs in regard to the amount due for the copying of your records. Once payment has been received the copies will be made and the records forwarded to the address requested above within one week's time.

If you have any questions, please feel free to contact the office at 407-891-2010.

\_\_\_ Payment Received      \_\_\_ Reviewed by MD      \_\_\_ Records Released on \_\_\_\_\_