

ROBERT J. KRAUT, M.D.

FLORIDA RETINA & VITREOUS CENTER, P.A.

Baldwin Park

4624 Halder Lane
Orlando, FL 32814
Ph(407)897-7470 Fax(407)897-7473

Ocoee

1177 Blackwood Avenue
Ocoee, FL 34761
Ph(407)654-8000 Fax(407)654-8002

REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____ Chart # _____

Birth Date: _____ SS# _____

I am requesting that my medical records be released FROM your office:

Physician's Name: _____

Address: _____

City, State, Zip Code: _____

Phone#: _____ Fax#: _____

Please forward my medical records TO:

Physician's Name: _____

Address: _____

City, State, Zip Code: _____

Phone#: _____ Fax#: _____

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

