FLORIDA RETINA AND VITREOUS CENTER, P.A.

Robert J. Kraut, M.D.

Baldwin Park
4624 Halder Lane • Orlando, FL 32814-6435
407.897.7470 • Fax 407.897.7473

Ocoee
1177 Blackwood Avenue • Ocoee, FL 34761-4518
407.654.8000 • Fax 407.854.8002

REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient name: _____ Date of birth: _____

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

Physician's name: _____

Address: _____
STREET

_____
CITY *STATE* *ZIP*

Phone: _____ Fax: _____

Please forward my medical records TO:

Physician's name: _____

Address: _____
STREET

_____
CITY *STATE* *ZIP*

Phone: _____ Fax: _____

Patient's Signature: _____ Date: _____