ADVANCED OPHTHALMOLOGY OF MICHIANA

707 North Michigan Street, Suite 210 South Bend, IN 46601

Fax #: 574.288.8921 Phone #: 574.233.2114

Steve Gerber, M.D. Bruce Schwartz, M.D. Eric Yoon, M.D. Orlando Avena, O.D.

Request for Access to Medical Information

Date: _____

Patient Name: _____ Patient #: _____

Patient Address: _____

_____

Date of Birth: _____ Patient Phone #: _____

I authorize release of medical records to:

☐ Me (at info provided above)

☐ Named Person/Entity (at info provided below)

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

☐ Advanced Ophthalmology of Michiana

707 North Michigan Street, Suite 210
South Bend, IN 46601
574.233.2114
Fax: 574.288.8921

Reason for request:

☐ Coordination of care ☐ Leaving the practice
☐ Personal copies ☐ Legal
☐ Other: _____

Information needed: _____

(i.e. date ranges, medical or financial, any testing/imaging, etc.)

Records should be:

☐ Mailed to: _____
☐ Faxed to: _____
☐ Picked up by _____ on _____

_____ _____

Signature of patient or guardian Date