

# Vision Center of Delaware

Amy M. Farrall, O.D.

## MEDICAL RECORDS RELEASE FROM:

317 E. Main Street, Newark, DE 19711

PH: (302) 737-5777      FAX: (302) 737-0142

We will forward complete medical records to:

Doctor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_      Fax: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or Legal Guardian's Signature

\_\_\_\_\_  
Date

***Notice: A \$15.00 fee will be assessed for copies of records***

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