



# Mountain Eye

ASSOCIATES

## ***AUTHORIZATION TO RELEASE MEDICAL RECORDS***

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby request that you release to \_\_\_\_\_ at Mountain Eye Associates, PLLC my medical records. Please include all medical history, examinations, treatments, surgeries, and special diagnostic tests, as well as any other data pertinent to my care.

**PATIENT NAME:** \_\_\_\_\_

**PATIENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Thank you.

\_\_\_\_\_

(PATIENT SIGNATURE)

\_\_\_\_\_

(WITNESS SIGNATURE)

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Waynesville, NC 28786  
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137 Medical Park Loop  
Sylva, NC 28779  
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### **MEDICAL, SURGICAL & CONSULTATIVE OPHTHALMOLOGY**

Founded in 1977 by John J. Nerney, M.D.

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