



SEAVIEW EYECARE

2545 S State Rd 7 #10, Wellington, FL 33414  
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seavieweyecare.com

### Medical Records Request

Date: \_\_\_\_\_

To: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_, DOB: \_\_\_\_\_, has requested that a copy of the following records be released to SeaView Eyecare.

\_\_\_ Spectacle Rx

\_\_\_ Contact Lens Rx

\_\_\_ All Exam Records

\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To help us provide the best possible care to this patient, please fax the requested records to our office as soon as possible. Thank you so much for your assistance.

Sincerely,

SeaView Eyecare  
Amanda Weiss, OD