



Records Release

- Request for records to be released TO SeaView Eyecare
- Request for records to be released FROM SeaView Eyecare
- Request for records to be released FROM SeaView Eyecare to the patient via:
- Mail Email Pickup

Records should be sent to or requested from: _____

Phone: _____

Fax: _____

Address: _____

Email: _____

Patient Name: _____ DOB: _____

Records Requested:

Spectacle Rx

All Exam Records

Contact Lens Rx

Other: _____

Patient/Guardian Signature: _____ Date: _____

PHONE: (561) 790-7290 | FAX: (561) 790-7291

2545 S STATE RD 7 #10, WELLINGTON, FL 33414 | SEAVIEWEYECARE.COM