FLORIDA EYE SPECIALISTS

11512 Lake Mead Avenue | Suite 534
Jacksonville, FL 32256

(904) 642-2222 | fax (904) 683-3934
floridaeyespecialists.com

NORTH FLORIDA surgeons

Amit R. Chokshi, M.D.
Board Certified Ophthalmologist
Fellowship-Trained LASIK,
Cornea & Cataract Specialist

Kathryn B. Freidl, M.D.
Board Certified Ophthalmologist
Fellowship-Trained Glaucoma
& Cataract Specialist

S. Akbar Hasan, M.D.
Board Certified Ophthalmologist
Fellowship-Trained LASIK, Cornea
& Cataract Specialist

David A. Kostick, M.D., F.A.C.S.
Board Certified Ophthalmologist
Fellowship-Trained Oculoplastics,
Orbital & Lacrimal Specialist

Wassia A. Khaja Ahmed, M.D.
Ophthalmologist
General Ophthalmology
& Oculoplastics

Rachana A. Patel, M.D.
Board Certified Ophthalmologist
Fellowship-Trained LASIK, Cornea
& Cataract Specialist

Ravi R. Patel, M.D.
Board Certified Ophthalmologist
Fellowship-Trained LASIK, Cornea
& Cataract Specialist

Rajesh K. Shetty, M.D.
Board Certified Ophthalmologist
Fellowship-Trained Glaucoma
& Cataract Specialist

Kimberly Riordan, O.D., F.A.A.O.
Optometrist

RELEASE OF MEDICAL RECORDS

Date: _____

Patient: _____

D.O.B. _____

Address: _____
_____

I hereby authorize _____ to release any information including the **diagnosis and records of any treatment or examination rendered to me**. I authorize that a photocopy of this shall be considered valid in lieu of the original. Please include a copy of prior visual field tests.

Please release my records to:

Florida Eye Specialists
11512 Lake Mead Ave.
Suite 534
Jacksonville, FL 32256

Thank you,

_____ _____
Patient Signature and date Witness Signature and date