Family Eye Care

Rachelle Davis, O.D. W. Lee Turner, O.D.

703 S. Van Buren Rd., Bldg. 2
Eden, NC 27288

Phone (336) 627-1125
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Date of Request: _____

To: Name: _____

Address: _____

City, State, Zip: _____

Patients Name: _____

Patients Date of Birth: _____

PLEASE SEND ALL MEDICAL INFORMATION CONTAINED IN THE FILE OF THE ABOVE NAMED PATIENT TO:

Dr. Rachelle Davis, OD
703 S. Van Buren Rd
Eden, NC 27288
Fax (336) 627-1228

I, _____ authorize this release.
Print name

_____ _____
Witness Patient/Guardian Signature