Records Request

To: _____

Fax: _____

Phone: _____

I hereby request that my medical records be released to:

Cascade Eye Care

Eye Physicians & Surgeons

Comprehensive Ophthalmology

J. Isaac Barthelow, M. D.

Anthony J. Rudick, O.D.

Joseph W. Laya, O.D.

1751 Hartnell Ave Ste.1

Redding, CA 96002

(530) 223-2325

FAX (530) 223-2252

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____