ABESSI EYE CARE & SURGERY

Bryan Abessi, M.D., F.A.A.O.
3322 Route 22 W, Suite 503 Branchburg, NJ 08876
Phone: 908-952-0444 | Fax: 908-952-0333
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REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient's Name: _____

Address: _____
_____
_____

Date of Birth: _____

I authorize the release of my protected health information, including diagnosis, examination, and testing/diagnostic information to the following:

Records should be:

- ☐ Mailed to:

Abessi Eye Care & Surgery Center
3322 Route 22 West, Suite 503
Branchburg, NJ 08876
Phone: (908) 952-0444

- ☐ Faxed to:

Fax: (908)952-0333

Requesting provider: Bryan Abessi, MD

Information to be released:

- ☐ Most recent eye exam notes (Including eye exam summary, special testing etc.)
- ☐ Last 2 years of eye exam notes
- ☐ Other: _____

Patient's Signature: Date:

_____ _____