

TAILORED EYES

Steven Kane, MD

Cornea, Cataract, and Refractive Specialist

4140 Woodmere Park Blvd, STE 3

Venice, FL 34293

941-499-1570

Medical Records Release Form

Patient Name: _____

DOB: _____

Facility name & fax number authorized to release medical records:

Name: _____ **Fax Number:** _____

This is a written request for my medical records for continuity of care. Please send a copy of my full records to:

Tailored Eyes
4140 Woodmere Park Blvd, Suite 3
Venice, FL 34293
Fax: 941-499-1571

Sincerely,

Signature _____ **Date** _____

