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Marc Safran, MD
Clay Eye Center
8100 Oswego Road
Liverpool, NY 13090
315-622-1234
Fax: 315-622-0018

clay eye center

medical records release

To: _____ Fax: _____

From: _____ Date: _____

I, the undersigned, wish to have my private medical records released and transferred to the office of Dr. Marc Safran.

Name Date of Birth

Signature

I, the undersigned, am the parent and/or legal guardian, for the following dependents. I authorize you to release and transfer their medical records to the office of Dr. Marc Safran

Dependent Dependent

Guardian Signature Date

Thank you for your cooperation