



The Neuro-Ophthalmic Disease Service
The Eye Institute
1200 W. Godfrey Ave., Philadelphia, PA 19141
Tel. (215) 276-6220 Fax (215) 276-6269

DATE: \_\_\_\_\_

The Neuro-Ophthalmic Disease Service at The Eye Institute is requesting patient information.

FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We would very much appreciate your cooperation in furnishing us with the information indicated below for the following patient.

\*Please fax to 215-276-6269\*

Sincerely, Dr. Kelly A. Malloy
Dr. Erin M. Draper
Dr. Ashley K. Maglione

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INFORMATION REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record Release:

I, \_\_\_\_\_, hereby authorize The Eye Institute to obtain from \_\_\_\_\_

Information from the records of the above patient who was seen or hospitalized on or about \_\_\_\_\_.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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