



180 N. Dean St
Spartanburg, SC 29302
864-583-3125
Fax:864-542-1367

1506 N. Limestone St.
Gaffney, SC 29340
864-489-2016
Fax: 864-488-1123

43 N. Main St.
Inman, SC 29349
864-472-3380
Fax: 864-472-3349

363 E. Georgia St.
Woodruff, SC 29388
864-476-8322
Fax: 864-476-0752

Patient's Name: _____

Today's Date: _____

I grant permission to **Carolina Vision Associates** to release my patient records to:

Name: _____

Street Address: _____

City, State, Zip: _____

The medical findings and treatment disclosed should cover the period from to _____ to _____ . In initiating this request, I hereby release **Carolina Vision Associates** from any laws governing the disclosure of confidential or privileged information.

Signature of Patient

Date

Signature of Patient Representative & Relationship
(Required if patient is a minor or an adult unable to sign form)

Date