



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: _____

Patient's DOB: _____

Today's Date: _____

I grant permission to _____ to release my patient records to Carolina Vision Associates. The medical findings and treatment disclosed should cover the period from to start of service to end of service. In initiating this request, I hereby release my practitioner 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