

La Grange Eye Care

Medical Records Request Form

Records to be released from:

Please release records to:

La Grange Eye Care
657 E. Travis, Ste B
La Grange, Tx. 7845

I Hereby authorize you to request information for:

Last Name

First Name

Middle Name

Address

City, State and Zip

Date of Birth

Date of Last Visit

Signature of Patient/Legal Guardian

Date