

EASTSIDE EYE CONSULTANTS
Forest Office Park
14655 Bel-Red Road (Suite 203)
Bellevue, Washington 98007
Tel: #(425) 562-6135
Fax: #(425) 562-9085

REQUEST FOR RELEASE OF MEDICAL RECORDS

KENNETH L.P. MORTON, M.D.

Patient name:

Date of birth:

I hereby request that: Eastside Eye Consultants
 Forest Office Park
 14655 Bel-Red Road, Suite 203
 Bellevue, Washington 98007

RELEASE ALL MEDICAL RECORDS, LAB REPORTS AND/OR CONTACT LENS
INFORMATION TO:

WITNESS SIGNATURE

PATIENT SIGNATURE

DATE