

EASTSIDE EYE CONSULTANTS

9 Lake Bellevue Drive

Suite 105

Bellevue, WA 98005

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
 9 Lake Bellevue Drive, Suite 105
 Bellevue, Washington 98005

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

WITNESS SIGNATURE

PATIENT SIGNATURE

DATE