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

To release your medical records to another provider's office,
please provide us their Phone, Fax and/or email address.

KENNETH L.P. MORTON, M.D.

Patient name:

Date of birth:

I hereby request that: Eastside Eye Consultants
9 Lake Bellevue Drive, Suite 203
Bellevue, Washington 98005

RELEASE MY MEDICAL RECORDS TO:

WITNESS SIGNATURE

PATIENT SIGNATURE

08/25/2026

DATE