

Records Release Request

I hereby request and authorize

Brier Creek Vision Care

Dr Susan Durham, OD, FCOVD

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Raleigh, NC 27617

Phone: (919) 361-2299

Fax: (919) 361-0055

To release any and all records of treatment that I have received to:

Please provide address, phone number and fax number of recipient:

Patient Name: _____ Date of Birth: _____

Patient Signature: _____

Date Requested: _____