Records Request

To: _____

Fax: _____

Phone: _____

I hereby request that my medical records be released to:

Royo Eye Care

Eye Physicians & Surgeons

Comprehensive Ophthalmology

J. Isaac Barthelow, M. D.

Adam T. Shupe, O.D.

Baljit Sohal, O.D.

320 H Street, Suite 4

Marysville, CA 95901

(530) 743-1873

FAX (530) 743-1460

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____