

Date _____

To Dr. Ira S. Tucker
570 New Waverly Place, Ste 110
Cary, NC 27518
Phone: 919-858-7555

Fax Number: 919- 858-8455

From: _____

I, _____, request the release of
the following medical information to _____

Address: _____

Fax Number: _____

_____ My medical record

_____ My most recent contact lens Rx, including lens manufacturer and
lens design information, Rx date and date of last contact lens visit if applicable.

_____ My most recent dated spectacle Rx .

_____ Other: _____

Patient Signature: _____ Date: _____

Patient Date of Birth: _____