

Date _____

To: _____

Fax Number: _____

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

Fax Number: 919-858-8455

I, _____, request the release of

the following medical information to Dr. Ira S. Tucker and Associates.

_____ 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: _____