

Family Eyecare of Roswell  
Maurice E. Zadeh, OD

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AUTHORIZATION TO RELEASE MEDICAL RECORDS

\_\_\_\_\_  
(Patient Name)

\_\_\_\_\_  
(Maiden Name, if applicable)

\_\_\_\_\_  
(Patient DOB)

Dr. Maurice E. Zadeh requests and authorizes \_\_\_\_\_ to release  
(office or doctor holding previous records)  
any medical records and information belonging to the patient named above. Family Eyecare of Roswell  
is requesting records from the following office:

\_\_\_\_\_  
(Practice Name)

\_\_\_\_\_  
(Doctor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Practice Phone Number)

This request applies to healthcare information relating to the following:

- Treatment or condition: \_\_\_\_\_
- Range of dates: \_\_\_\_\_
- All records on file: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
(Patient Name / Print)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

This request form expires in 90 days.