



**FAX BACK TO "ATTENTION MEDICAL RECORDS"**

**Tylock-George Eye Care, 3100 N. MacArthur Blvd.,  
Irving, Texas 75062 Phone: (972) 258-6400**

**Fax: (972) 570-1103 [www.Tylock.com](http://www.Tylock.com)**

**REQUEST FOR MEDICAL RECORD INFORMATION**

**I authorize \_\_\_\_\_ (health care facility) to disclose and use a copy of the specific health record information described below regarding:**

Patient Name:	Date of Birth:
Patient Representative Name:	Primary Ph. #

**I authorize my personal health records to be disclosed to the following:**

<b>To Be Disclosed To: Tylock-George Eye Care</b>		
<b>Recipient's Address:</b>	<b>3100 N MacArthur Blvd</b>	
<b>City: Irving</b>	<b>State: Texas</b>	<b>Zip: 75062</b>
<b>Phone Number w/ Area Code: 972-258-6400</b>	<b>Fax: 972-570-1103</b>	

From the range of dates from (Approx.): \_\_\_\_\_ to \_\_\_\_\_

For information relating to the following diagnosis or surgery: \_\_\_\_\_

The Doctor Treating Me Is: \_\_\_\_\_

To help save time and paper, please checkmark the items that you would like copies of disclosed:

<input type="checkbox"/> Recent Exams	<input type="checkbox"/> Surgical Operation Notes
<input type="checkbox"/> History & Physical Exam	<input type="checkbox"/> Other (Please List Below, Be Specific):
<input type="checkbox"/> Diagnostic Exams and Maps	
<input type="checkbox"/> Financial Information	
<input type="checkbox"/> Progress Notes (Diabetes, Glaucoma, etc)	

Requesting for the purpose of: \_\_\_\_\_

Unless revoked, this authorization expires in 180 days or on this date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ / Date: \_\_\_\_\_

**\*\* I understand and agree that the following information below will be disclosed and included in my full medical record. When I sign for my medical records to be disclosed to an outside medical facility, the possibility of the following might be included if discussed with your doctor at Tylock-George Eye Care: HIV/AIDS Treatment and Status, Genetic Testing, Mental Health Specifics, and Drug/Alcohol information disclosed to our office.**

**Medical records requests are processed in our office on a first come first serve basis.**