



**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

**I authorize Tylock-George Eye Care and affiliated practices 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:**

Disclosing Records To:	Requesting Records From:
Recipient's Address:	Address:
City/State/Zip:	City/State/Zip:
<b>Phone</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Fax:</b>

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

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

The Doctor Treating Me At Tylock-George 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)	

**Administrative Fee: My health information is being disclosed to:**

<b>Patient (\$25.00 fee)</b> <b>Credit Card Information:</b> <b>Type: VISA MC DISCOVER AMEX</b> <b>Number: _____</b> <b>Expiration: _____</b> <b>CVV Code (3 Digit On Back): _____</b> <b>Corresponding Zip Code: _____</b>	<b>Physician or medical office (\$0.00 fee)</b>  <b>Please Circle One:</b>  <b>FAX or MAIL</b>	<b>Military or USMC (\$0.00 fee)</b>  <b>Name Of Military Officer:</b> _____  <b>Fax or Mail</b>
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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.

**\*\* We work quickly, but have the ability to comply with a request up to 10 business days after it is submitted correctly and fully. The doctor must review your chart for all accuracy and completeness before we send the notes, making the process regimented and with requirements that take time. Please be patient, we will get your request done as soon as possible.**