

# The Eye Site

2320 Gala St. Suite 400  
Meridian, ID 83642

Phone (208) 898-0304

Fax (208) 898-0380

To: \_\_\_\_\_

## Records Release Request

For Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date requested: \_\_\_\_\_

Patient

signature: \_\_\_\_\_

The following request is intended for the above assigned party only. If you have received this request in error please notify our office right away.

# Thank you!