

27348 CASHFORD CIRCLE
WESLEY CHAPEL, FL 33544
PHONE: (813) 994-7000
FAX: (813) 994-3781
MD@NEWTAMPAEYES.COM



GRETTA FRIDMAN, M.D.
LAURIE B. SMALL, M.D.

TO: _____

PHONE: _____

FAX: _____

FROM: _____ DOB: _____
(PATIENT'S NAME)

This is to request that you release copies of the above names patient's medical records, registration forms, correspondence and material pertinent to the patient's care. Include chart dictation, procedure notes, flow sheets, GDx, OCT, VF, ORB, photographs, past medication and allergies.

Please send this information to:

New Tampa Eye Institute
27348 Cashford Circle
Wesley Chapel, FL 33544
Tel: 813-994-7000
Fax: 813-994-3781

Signed: _____
(Signature of patient or person responsible for patient)

(Relationship)

Date: _____

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone @ 813-994-7000 to arrange the return or destruction of the information and all copies.