Request for Patient Record Release

Dr John L. Brinkley
The Vision Therapy Institute
1620 Browning Road
Columbia, SC 29210
(803) 732-4099
Fax# (803) 227-8992

Date: _____

Patient's Name: _____Date of Birth: _____

I am hereby requesting _____
(Name of medical facility)

to release medical records of the above patient to Dr. John L. Brinkley at The Vision Therapy Institute.

Patient/Guardian Signature: _____

☐ **URGENT, Please fax.**