

WOOLF
WOOLF & WOOLF OPTOMETRISTS

RE: Release of medical records for

Dear

Please release my medical records related to treatment for rendered by you or under your supervision from through . This information will be used to further assist in my medical care, and should be mailed to:

Please bill me for costs associated with providing copies of my records, and I will remit payment promptly upon receipt of the records.

Sincerely,

cc: