

Kirsten Wilgers, OD

Brian Peterson, OD



5820 S Williamson Blvd
 Port Orange, FL 32128
 386-767-4449

Medical Records Release

Date: _____

I, the undersigned, hereby authorize the release of my medical records to

Total Vision Eye Health Associates
 5820 S. Williamson Blvd.
 Port Orange, FL 32128
 Phone: (386) 767-4449
 Fax: (386) 767-1980

From:

Patient name: _____ DOB: _____

Signature: _____

Witness: _____