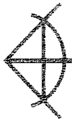

Tozer Eye Center

Randall K. Tozer, M.D.
Eye Physician and Surgeon
Diplomate American Board of Ophthalmology

Dara L. Shahon, M.D.
General Ophthalmologist
Diplomate American Board of Ophthalmology

Kevin M. Huff, O.D.
Optometrist

Medical Records Release Form

From: Physicians Name____

Address____

City_________________________________State_______Zip________________

Telephone____________________________Fax_________________________

I hereby request that my medical records be released to:

To: Physicians Name____

Address____

City_________________________________State_______Zip________________

Telephone____________________________Fax_________________________

Please Print Name________________________________ Date of Birth______________

Patient/Guardian Signature______________________________ Date______________

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