



Please release my records to:

Concord Eye Care Center
2351 Concord Lake Road
Concord, NC 28025
Phone: 704-788-1170
Fax: 704-788-2165

Please release my records to:

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2351 Concord Lake Road
Concord, NC 28025
Phone: 704-788-1170
Fax: 704-788-2165

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____



Request for Records

**Concord Eye Care Center
2351 Concord Lake Road
Concord, NC 28025
704-788-1170**

I hereby agree that Dr. Bryant may disclose all information concerning my eye and visual status, waiving all provisions of law to the contrary, including photographs.

I understand that I hold the responsibility that all records are completely transferred. Further I release Dr. Bryant and the Concord Eye Care Center from any liability resulting from these records or future care.

Patients Full Name: _____

Address: _____

Phone Number: _____

Social Security #: _____

Signature: _____

Date: _____



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We are a full service eye care facility and will give you the best eye care available. Please take a moment to fill out the following information.

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Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Date of Birth: _____

Date of Birth: _____

Phone number: _____

Phone number: _____

Date of last eye exam: _____

Date of last eye exam: _____