

LONG ISLAND OPHTHALMIC CARE, PLLC
230 HILTON AVENUE, SUITE 118
HEMPSTEAD, N.Y. 11550
TELEPHONE: (516) 481-1570
FAX: (516) 481-1786

Peter J.G. Maris, Jr., M.D.

Robert Lopez, M.D.

MEDICAL RECORDS RELEASE - to L.I.O.C (our office)

Today's Date: _____

Patient's Name: _____

Patient's DOB: _____

I, _____, am requesting the release of my medical records
from Dr. _____. I would like to have them sent to Long Island
Ophthalmic Care, PLLC, the office of Peter J.G. Maris, Jr., M.D. and Robert Lopez, M.D.

Please FAX my records to (516) 481-1786 or mail to:

Long Island Ophthalmic Care, PLLC
230 Hilton Avenue
Suite 118
Hempstead, N.Y. 11550

Patient Signature

Patient Name (Printed)