



Eye Physicians & Surgeons, S.C.

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Fax: (262) 947-4996 | Website: <https://eyephysician.com>

Request of Medical Records Form

Please fax completed form to 262-947-4996

Patient Information

Full Name: _____

DOB: _____

Address: _____

Phone #: _____

City, State, Zip: _____

Reason for Records:

Continuation of Care

Other: _____

Requesting Physicians Name: _____

Attn to: _____

Address: _____

Phone #: _____

Fax #: _____

Records to be faxed

Records to be mailed