EYE SURGEON
DIRECT

Kristin Story Held, M.D.

325 E. SONTERRA BLVD., SUITE 100 SAN ANTONIO, TX 78258
TELEPHONE 210-490-6759 || FAX 210-490-6507

REQUEST FOR MEDICAL RECORDS

Please send a copy of this patient's complete ophthalmic to: **Kristin Story Held, M.D.** or OTHER medical records

I hereby authorize: ____

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to disclose the above information to Kristin Story Held, M.D., in furtherance of this authorization, I do hereby waive all provision of law and privileges relating to the disclosures hereby authorized.

Dated this ______________ day of __________________, 20_____

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Patient's name (please print)

____
Patient's Date of Birth

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Patient's signature (or responsible party)