

# Dietlein Eye & Laser Center

311 Riverbend Drive, Georgetown, TX 78628

[www.dietleineyecenter.com](http://www.dietleineyecenter.com)

phone 512-931-2255

fax 512-819-9528

Date of request: \_\_\_\_\_

Requesting records from:

Provider : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

This instrument is to request and authorize you to release and send information in my medical records to:

Jon F. Dietlein, M.D., P.A.

Thad A. Labbe, M.D.

Pamela Evans, O.D.

311 Riverbend Drive

Georgetown, TX 78628

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_