



Jeffrey Blanco, O.D.
Ryan Kays, O.D.
Elise Corgiat, O.D.

1802 N. Division Street
Suite 205
Morris, IL 60450
815-942-3042

200 W. Dakota Street
Spring Valley, IL 61362
815-663-8281

*Family Care Optometry
Contact Lenses
Low Vision*

Medical Records Request

Patient Name _____ DOB _____

Request Records From _____
Doctor/Facility

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I authorize the following records to release:

- spectacle prescription (for information purposes only)
- contact lens prescription (for information purposes only)
- most recent examination
- reports from other doctors
- most recent medical/ocular history
- records(all-inclusive; everything in my file)

Send Records To _____
Doctor/Facility

Address _____

City _____

Phone _____ Fax _____

Patient Signature _____ Date _____

Signature of guardian if younger than 18

Thank you!