

Dr. Robert R. Szeliga & Associates
Optometrist
5238 Main Street
Spring Hill, TN 37174



Phone: 931-489-1950
Fax: 931-489-1953
www.springhilleyecare.com

REQUEST FOR MEDICAL RECORDS

Physician/Organization Providing Medical Records: _____

Address: _____

Phone: _____

Fax: _____

Please send records to:

Spring Hill Eyecare, PLLC
5238 Main Street
Spring Hill, TN 37174
Phone: 931-489-1950
Fax: 931-489-1953

Patient Information

Patient Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

I give my permission to release my medical records to Spring Hill Eyecare, PLLC.

Patient's Signature: _____

Parent/Guardian Signature: _____

Date: _____