

**EYE ASSOCIATES OF CAYCE**  
**600 Knox Abbott Dr.**  
**Cayce, SC 29033**  
**(803) 794-4444**  
**Fax (803) 794-2085**

**Release of records to Eye Associates of Cayce**

I, \_\_\_\_\_, DOB \_\_\_\_\_ request that the location listed below release my records to Eye Associates of Cayce. I have the right to rescind this authorization at any time.

Office(s) to Release Records:

_____	_____
_____	_____
_____	_____
_____	_____

Records to be released:

- Most recent exam       Prescription information       Financial records  
 Records dating between \_\_\_\_\_ and \_\_\_\_\_       All records

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Gaurantor/Guardian Signature: \_\_\_\_\_ Name: \_\_\_\_\_