Them (Tammy) Vu, M.D.
Quang (Kevin) Tran, O.D.
6300 Stonewood Dr, # 304
Plano, Tx 75024
Office: 469-467-8100
Fax: 469-467-4556

Tricon Eye Care Center & Best Optical

Request for Release of Medical Records

Patient Name: _____

DOB: _____

Phone Number: _____

Please release the following records:

◇ Complete Medical Record

◇ Specific Information Requested: _____

◇ Date(s) of Service Requested: _____

From	To
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

In order to process your request for medical records, this form must be completed in its entirety. You have the right to withdrawal this request at any time. Unless withdrawn, this authorization will remain valid for 90 (ninety) days from the date at the bottom of this form.

Please note that our office policy requires a processing time frame of 5 to 7 working business days to complete your request. In addition, patients requesting records for their personal use will incur a charge of $30.

The information being requested is privileged and confidential. It is intended for the individual or entity designated. You are hereby notified that any dissemination, distribution, copying, or other use of this information by anyone other than the recipient designated is unauthorized and strictly prohibited.

Signature: _____ Date: _____