



FIRST EYE CARE KILLEEN

Thomas A. Lucas, Jr., O.D.

Karen M. Summers, O.D.

2102 South W.S. Young Dr.
Killeen, Texas 76543
Phone: 254-690-4733
Fax: 254-690-6728

RECORDS RELEASE AUTHORIZATION

Date: _____

To: _____

Address: _____

Phone: _____ Fax: _____

I, the undersigned, authorize and request you to release the following items to First Eye Care Killeen.

- complete medical records
- glasses Rx
- contact lens Rx

Patient Name: _____

Patient Date of Birth: _____

Signature: _____

Witness: _____