Grassi Retina
1012 W. 95th Street, Suite 9
Naperville, IL 60564
PH (630) 995-3465
FAX (630) 995-3622
www.grassiretina.com

Request for Medical Records

Today's Date: _____

Patient Information:
I understand this Authorization is subject to revocation by me at any time in writing except to the extent that the action has already been taken to release this information. This authorization shall remain valid for 60 days after the date above unless revoked prior to that time.

Patient Name: _____

Date of Birth: _____/_____/_____

Patient Signature: _____

TO:
Doctor / Group Name:

_____FAX:_____

Requesting Office Information

GRASSI RETINA
Michael A. Grassi, MD
1012 95th Street, Suite 9
Naperville, IL 60564
630/995.3465 Office / 630.995.3622 FAX

Purpose of Request:

☒ Continuity of Care / Coordination

Grassi Retina is requesting the following information:

☒ Notes from patients **LAST** visit including any Labs/Test results.

☐ _____

Thank you for your assistance!