TOUFEXIS FAMILY EYE CARE, O.D., P.C.
76 South Lexington Avenue
White Plains, New York 10606
Phone: (914) 422-2686
Fax: (914) 422-8248

Records Release Form

Patient's Name: _____

I hereby request Toufexis Family Eye Care, O.D., P.C. to release a copy of the eye records for the above patient to:

( ) Self or ( ) Dr._____

Address: _____

_____

_____

Print Name: _____

Signature: _____(Parent/Guardian if under age 18)

There is a $1.00 fee for each page that must be paid in full before records will be released. Records take 3-5 days to prepare. You can pay this fee upon pick up of record. In the event you cannot come into the office, you may make this payment with a credit card over the phone