



Medical Records Release Form

Salisbury Optical
800 K. South Salisbury
Blvd. Salisbury MD 21801
Phone # 410-546-1369
Fax # 410-546-5987

Berlin Optical
16 B. South Main Street
Berlin, MD 21811
Phone # 410-641-2020
Fax # 410-641-9550

Patient Information:

Patient Name: _____

Date of Birth _____ Phone # _____

SS # _____ Date: _____

Release Authorization:

I _____ request and authorize _____ the
(Your Name) (Practice/Facility)

release of my medical records to Salisbury Optical and ask that you would fax them to their facility

the fax number provided above.

(Signature)

Dr. Kenneth A. Bortnick O.D.

Dr. Jeff R. Jolley O.D.

Dr. Jeanne Murphy O.D.