



NeuroSight Vision Care

Drs. Kerry Jarvis, Regina Chonka & Paul Kersjes
550 South Wadsworth Boulevard, Ste. 415, Lakewood, CO 80226
Phone: 303-989-2020 Fax: 844-875-0149

Request for Medical Records

Date: _____

I authorize the following office to release health information about me:

Office name: _____

Address: _____

Phone / Fax: _____

- Medical Records
- Billing
- Imaging
- Diagnostic Testing
- Contact Lens Rx & Fitting Information
- Glasses Rx and last Order Information

I understand that the release of this information will be going to: NeuroSight Vision Care

Fax Number:

844-875-0149

Email: info@neuro-sight.com

Patient's Name (please print): _____

Date of Birth: _____

Signature: _____

If you are signing as a representative of the patient, please describe:

Your Name: _____

Your Relationship to the Patient: _____