Michael G. Posner, M.D.
Catherine C. Ulasewicz, M.D.
Deepak P. Grover, D.O.
Scott M. Goldstein, M.D.
Leo Santamarina, M.D.
J. Steven Robinson, O.D.
John A. Godfrey, O.D.
Jordan J. Lubowitz, O.D.
Shawn D. Tubiello, O.D.

Records Release Form

________________________________ ________________________________
Patient Name Date of Birth

________________________________ ________________________________
Phone

____
Address

To/From:

Bucks-Mont Eye Associates
711 Lawn Avenue
Building 3
Sellersville, PA 18960

Phone: 215-257-8053
Fax: 215-257-2020

To/From:

____
____
____
____

Phone: ______________________
Fax: ______________________

I authorize the release of my medical records.

________________________________ ________________________________
Patient Signature Date

____
Guardian/Relationship