



Date _____

From: Abundo Eye Care
Roland E. Abundo, O.D.
589 East Fort Union Blvd., Midvale, UT 84047
Phone: 801.255.8500 Fax: 801.255.2334

Your previous eye doctor or optical provider's name and address:

Phone _____
Fax No. _____

I, _____, request the release of the following medical information to Abundo Eye Care and Dr. Roland E. Abundo within 5 business days of receiving this request:

- _____ My entire medical & eye records
- _____ My most recent contact lens Rx, including manufacturer and lens design information, Rx date and date of last contact lens visit if applicable.
- _____ My most recent date eyeglasses Rx
- _____ Visual fields, retinal photographs & other diagnostic tests
- _____ Other: _____

Patient Signature: _____ DOB: _____ Date: _____
Patient Address _____ City _____ State/Zip _____
Patient Phone No. _____

Roland E. Abundo, O.D.
589 East Fort Union. Blvd.
Midvale, UT 84047
801-255-8500
Fax: 801-255-2334
Email: dr_abundo@comcast.net