



A DIVISION OF TWIN CITIES EYE CONSULTANTS

Edina Eye Physicians and Surgeons  
7450 France Ave S, Ste 100  
Edina, MN 55435  
Tel: 952-832-8100  
Fax: 952-832-8188

**MEDICAL RECORDS REQUEST AND AUTHORIZATION FORM**

Print Patient full name	
Date of birth	
Address	
Phone	

1. I hereby request and authorize \_\_\_\_\_  
to release my medical records to Edina Eye Physicians and Surgeons.

\_\_\_\_\_ Specific date of service \_\_\_\_\_

\_\_\_\_\_ All records\*

Method of delivery: choose one.

\_\_\_\_\_ Mail to: Edina Eye Physicians and Surgeons  
7450 France Ave S, Ste 100  
Edina, MN 55435  
Attention: Medical Records

\_\_\_\_\_ Fax to: 952-832-8188

2. I authorize Edina Eye Physicians and Surgeons to release the following records:

\_\_\_\_\_ Specific date of service \_\_\_\_\_

\_\_\_\_\_ All records\*

Method of delivery: choose one.

\_\_\_\_\_ Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Fax to: \_\_\_\_\_

\*Please note, indicating "All records" will include any records from previous providers which may include HIV/AIDS status, cancer diagnosis, mental health records, drug/alcohol abuse, sexually transmitted disease, and other medical history information. You are hereby authorizing disclosure of all information within your record.