

# Vision Plus

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## RECORDS RELEASE

Date: \_\_\_\_\_

I, \_\_\_\_\_, request that a copy of my last exam / last Rx / complete records are sent to the office of Kris E. Smith, O.D., Craig S. Horner, O.D. or Gabrielle Hinton, O.D.

Print Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient / Guardian Signature: \_\_\_\_\_