



Date: _____

Regarding Patient: _____

Birthdate: _____

Dear _____:

Please forward to our office a copy of the records checked below. Any other pertinent information that you could forward would be appreciated.

- ALL RECORDS
- Ophthalmoscopy/biomicroscopy report
- Refraction history
- Tonometric pressures/Visual fields reports
- Contact lens history/measurements
- Other: _____

Thank you for your cooperation.

Sincerely,

Scott M. Buckingham, O.D., P.C.
John E. Kaminski, O.D., F.A.A.O.

I hereby authorize _____ to transfer my vision Care records and any other information that is relevant to either Scott M. Buckingham, O.D., or John E. Kaminski, O.D.

Signed: _____ Date: _____