



1605 ROCK PRAIRIE ROAD SUITE 214  
COLLEGE STATION, TX 77845



979.541.APEX (2739)



WWW.APEX.VISION



COACH.ME@APEX.VISION

### Request for Medical Records

I authorize that the following records be released to Apex Performance Vision. Please fax records to 979.541.2739.

- ☐ All of my/ my child's medical records (circle one).
- ☐ All medical records dated from \_\_\_\_\_ to \_\_\_\_\_.
- ☐ Only medical records related to:
  - ☐ Most recent glasses and contact lens prescription (if applicable)
  - ☐ Strabismus surgery
  - ☐ Patching or lazy eye treatment
  - ☐ Other \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Patient Name

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

\_\_\_\_\_  
Date