



Vitreoretinal Surgery, P.A.

Authorization for Release of Medical Records

Requesting Records From: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

(Maiden name, nickname, etc.)

Please release the following medical records of the patient named above to: \_\_\_\_\_

Fax records to (location / fax number): \_\_\_\_\_

- History & Physical Exam, Operative Notes, Progress Notes, Consultation Reports, Pathology, Lab & X-ray, Other

I hereby authorize the release of any information from my exam including diagnostic tests and photographs. This does not authorize re-release of the information to anyone. A photocopy will be treated as the original.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

EDINA
Centennial Lakes Office Park
3601 76th Street W, #300
Edina, MN 55435
Phone (952) 929-1131
Fax (952) 929-8873

ST. PAUL
Court International
2550 University Ave W, #135N
St. Paul, MN 55114
Phone (651) 644-8993
Fax (651) 644-8994

PLYMOUTH
WestHealth Office Bldg
2855 Campus Dr, #510
Plymouth, MN 55441
Phone (763) 550-1002
Fax (763) 550-1003

WOODBURY
7115 Tamarack Rd, #100
Woodbury, MN 55125
Phone (651) 361-8100
Fax (651) 361-8101

ST. CLOUD
Midsota Center
3701 12th St N, #102
St. Cloud, MN 56303
Phone (320) 654-8353
Fax (320) 654-8663

BLAINE
11091 Ulysses St NE, #200
Blaine, MN 55434
Phone (763) 235-4104
Fax (763) 755-0277

DULUTH
North Shore Bank Place
4815 W Arrowhead Rd, #210
Hermantown, MN 55811
Phone (218) 625-5020
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Jill B. Johnson, MD
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Sundeep Dev, MD
Robert A. Mitra, MD
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Ananth Sastry, MD
Peter J. Belin, MD
Sushant Wagley, MD

If calling long distance,
please dial toll free
1-800-VRS-2500