

**DELRAY EYE ASSOCIATES, P.A.**

**Release Form to obtain a copy of Medical Records**

**TO:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Please send a copy of my medical records to:**

- Steven I. Rosenfeld, M.D.**
- Jan W. Kronish, M.D.**
- Michael A. Schaffer, M.D.**
- Daniel A. Jewelewicz, M.D.**
- Marc Winnick, M.D.**
- Ronald J. Glatzer, M.D.**
- Mark A. Werner, M.D.**
- Marco A. Gonzalez, M.D.**
- Hadley N. Saitowitz, O.D.**

**Please be sure to include:**

\_\_\_\_\_

\_\_\_\_\_

**Thank you for assistance.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Witness**

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16201 South Military Trail, Delray Beach, Florida 33484  
(561) 498-8100 \* (561) 734-0267 \* FAX: (561) 498-8188