



I AUTHORIZE MY RECORDS TO BE RELEASED TO:

- Richard L. Jahnle, M.D.
- Kelly L. Krespan, M.D.
- Edward J. Mekel, O.D.
- Rocio C. Pasion, O.D.
- Nestor Biletsky, O.D.
- Hugo M. Linares, D.O.
- Deepak P. Grover, D.O.

PLEASE SEND RECORDS TO:

_____ 2010 West Chester Pike, Suite 310
3407
Havertown, PA 19083
Phone: 610-446-2260
Fax: 610-446-3360

_____ 1098 West Baltimore Pike, Suite
Media, PA 19063
Phone: 610-566-7127
Fax: 610-566-0793

Patient's Name _____
(Please Print)

Patient's Date of Birth _____

Patient's Address _____

Patient Signature _____ Date: _____

Signature of Witness _____ Date: _____

To: Name _____

Address _____

Phone/Fax _____

Please send: OCT/VF IOL Powers Pre & Post Op- Ks