CAPITAL VISION CENTER
A MEMBER OF VISION SOURCE
153 Manchester Street, Concord, NH 03301
Phone: 603-226-0855 | Fax: 603-226-0981

Dr. Brian J. Weber
Dr. Eugene S. Baylus
Dr. Tyler J. Weber

Medical Records Request

We ask all new patients to please request your previous records in time for your eye exam with Capital Vision Center.

This signed form can be sent to your previous eye doctor directly or given to us and we can request them for you.

_____
Previous Doctor's Name or Clinic's Name

_____
City/state/zip

_____
Phone Number

□ **Request:** I hereby authorize and request that you please transfer any and all medical records pertinent to my past ocular history to ***Capital Vision Center*** *(fax: 603-226-0981)*

Date: _____

_____ DOB:___/___/___ _____
Patient's name printed Signature (if guardian, state relationship)