



**CHARLESTON
OCULOFACIAL**
P L A S T I C S U R G E R Y

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Dr. Rakesh Patel, MD

Charleston Oculofacial Plastic Surgery

302 Wingo Way

Mt. Pleasant, South Carolina 29464

Telephone: (480) 981-6111 FAX: (480) 985-2426

Printed Patient Name: _____

Date of Birth: _____ Today's Date: _____

I hereby authorize (Name of Physician): _____

Street Address or PO Box: _____

City, State and Zip Code: _____

FAX: _____ Telephone: _____

To furnish Charleston Oculofacial Plastic Surgery the information indicated below during the period:

From _____ to the present.

Please include the following: Medical records, operative reports, consultations with other physicians,
Visual field testing, glaucoma flow charts, optic nerve photography, OCT studies,
IOL power measurements, laboratory studies, x-ray reports, MRI and CT scanning reports.

In rare and unusual circumstances, our office sometimes needs medical information sent in an expedited manner.
If the box to the left has been checked, we would ask that you please FAX this information to our office at
(843)790-7582 as soon as possible. This extra effort on your part is greatly appreciated.

Patient or Guardian Signature _____