Dr Andrew D Chen, Optometrist
Coral Reef: 12091 SW 152nd Street. Miami, FL 33177. Ph: 305-232-3937 Fax: 305-232-3936
Sunset: 7000 SW 97th Avenue, Suite 203. Miami, FL 33173. Ph: 786-452-8787 Fax: 786-452-8786
Email: eyeneye2020@gmail.com ♦www.eyeneye2020.com

# REQUEST TO INSPECT AND COPY PROTECTED HEALTH INFORMATION

_____
Name of Practice

I hereby request a copy of my medical record as detailed below:

___ Full medical record held by this office

___ Medical record for the period _____ through _____

___ A specific portion/section of the records as follows:

_____

_____

_____

_____

| | |
|---|---|
| PATIENT NAME: | DATE OF BIRTH: |
| NAME: | PATIENT RELATIONSHIP TO YOU: |
| SIGNATURE: | DATE: |