MAYFAIR EYE ASSOCIATES

6921 FRANKFORD AVENUE

SUITE D

PHILADELPHIA, PA 19135

TELEPHONE: (215) 624-0416

FAX: (215) 624-2770

G. RICHARD BENNETT, M.S., O.D.

ALISSA M. COYNE, O.D., F.A.A.O.

Request for Patient Records:

To: _____

_____

_____

I do hereby request that a copy of my complete record be forwarded as soon as possible to Mayfair Eye Associates.

Patient Name: _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Thank you for your time and attention in this matter.

Signature: _____ Date: _____