



Preston Optometry Center
258 Towne Village Drive, Cary, NC 27513
(919) 467-4657

Records Release Request

Please Fax a copy of my eye care records to
Dr. Ken Rousselo of Preston Optometry Center.

Fax: (919) 462-0199

Please include my latest contact lens prescription
with this information. If contact lens prescription is
expired please include the expired prescription*

*for contact lens patients only (*we will not fill expired Rx's*)

The signature below is my authorization to release my information.

Signature: _____

Patient's name (*Printed*): _____

Date of birth: _____