Richard J. Piccione, M.D. / Erica V. Lukasko, O.D.
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Lafayette, LA 70508
Phone: 337.989.2600 Fax: 337.989.2601

AUTHORIZATION TO RELEASE/OBTAIN MEDICAL RECORDS

PATIENT NAME:_____ DOB:_____

I hereby authorize the office of Richard J Piccione, M.D. / Erica V. Lukasko to **Obtain** / **Release** a copy of my medical records:

Medical Provider/Facility:

_____ Phone/Fax_____

_____ Phone/Fax_____

_____ All Medical Records _____Specific Date Range: From _____ To_____

____Operative Reports Only _____Prescription (Glasses/CL)

I agree this authorization will be valid and effective until it is revoked by me in writing and that a copy of this authorization may serve as an original.

Signature _____ Date:_____
Patient / Parent / Legal Guardian