



V.I.P. Laser Eye Center

Clifford L. Salinger, MD

Helayna E. Brown, MD

*"Where Vision Is Precious
and Safety comes First!"*

Forward Medical Records

Name of Patient

Birthdate

Address

City, State, Zip

Records From:

Clifford L. Salinger, MD
Cornea & Refractive Consultants of the Palm Beaches,
V.I.P. Laser Eye Center
11020 RCA Center Drive, Suite 2001
Palm Beach Gardens, FL 33410
P: 561-624-7878 Fax: 561-626-5848

Authorizes Records To:

Name of Physician

Name of Health Care Facility

Address

City, State, Zip

Telephone #

Fax #

Information to be Released:

- All Clinic Records Photographs Operative Reports

I authorize my medical records to be sent to the above physician from Cornea & Refractive Consultants of the Palm Beaches, VIP Laser Eye Center. I understand written notice is necessary to cancel this request.

Signature of Patient: _____ **Date:** _____

Authorized Signature for Patient: _____ Date: _____

Patient is: Minor Incompetent Disabled Deceased

Legal Authority is: Legal Legal Guardian Next of Kin of Deceased

11020 RCA Center Dr. ▪ Suite 2001 ▪ Palm Beach Gardens, FL 33410
Phone: 561-624-7878 ▪ Website: www.viplasereyecenter.com