

Nancy M. Mackowsky, OD, PA



**The Mackowsky
Visual Learning &
Rehabilitation Clinic**

MEDICAL RECORDS RELEASE REQUEST

Patient's Name: _____

Patient's Date of Birth: _____

I hereby request and authorize for all my medical records to be released from:

Name of Facility: _____

Address: _____

Phone Number: _____

To:

The Mackowsky Visual Learning & Rehabilitation Clinic

Blue Ridge Plaza, 4505 Fair Meadow Lane, Suite 207

Raleigh, NC 27607

Phone: 919-787-7600

Fax: 919-787-7603

PATIENT (OR PARENT) SIGNATURE: _____

DATE: _____