



Center for Health and Vision

Kenneth L. Malamud, M.D., PLLC
1001 Buchanan Dr., Ste. 3
Burnet, Texas 78611
512-715-3937 512-715-3938 (fax)

Date: _____

Dear _____

This instrument is to request and authorize you to release and send information in my medical records to:

Kenneth L. Malamud, M.D.
1001 Buchanan Dr., Ste. 3
Burnet, Texas 78611

Patient's Name: _____
(Please Print)

Patient's Signature: _____

Address: _____

Patient's DOB: _____

Witness: _____

Note: Please include all visual field results, OCT, pachymetry, fundus photos, eyeglass and contact lens specs, etc.