



Carolina Vision Center

Michael G. Woodcock, M.D., S.E.E.

REQUEST FOR MEDICAL RECORDS

Send records to:
Carolina Vision Center
2047 Valleygate Drive
Fayetteville, NC 28304
Phone: 910-485-3937
Fax: 910-221-3671

Patient Information:

Patient: (Please Print): _____

Date of Birth: _____

Social Security #: _____

Address: _____

Phone #: _____

I give my permission to release my medical records to Carolina Vision Center.

Patient's Signature: _____

Parent/Guardian

Signature: _____

Date: _____