Request to Forward Medical Records

Ophthalmic Associates, a PC, 542 W 2nd Ave, Anchorage, AK 99501

 $\label{eq:Dr.Robert Arnold, Pediatric Ophthalmologist is moving January 1, 2014. Please transfer medical records for the patient listed below$

from:

	(907)276-1617 (800)270-1617 Fax (907)264-2687
	www.AkEyeDoc.com info@akeyedoc.com
to:	Alaska Children's Eye and Strabismus, LLC
	3500 Latouche Street, Suite 280, Anchorage, AK 99508
	(907)561-1917 (800)478-4502 Fax (907)563-5373
	www.AlaskaChildrensEye.com info@alaskachildrenseye.com
Patients Name: First	M.I Last
Birthdate: /	/
Signature:	□Mom □Dad □Guardian
<u> </u>	
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