



Ted A McElroy, OD

RECORDS RELEASE

Date: _____

I, _____, request that my records be released,

From/To

From/To

Ted A McElroy, OD PC
Ted A McElroy, OD
2012 Pineview Ave
P.O. Box 1186
Tifton, GA 31793
Phone: 229-382-4765
Fax: 229-382-4819

Patient Information:

Date of Birth: _____

Social Security#: _____

Signature of patient: _____ Date: _____
(guardian if under 18)