



Neuro-Ophthalmology Consultants of Rochester & Canal View Infusion Center

Neuro-Ophthalmologist
David N. Smith, MD, PhD

Neurologist
Jonathan Braiman, MD

Physician Assistant
Thomas E. Moose, RPA-C

Physician Assistant
Brandon A. Yehl, RPA-C

MEDICAL RECORDS REQUEST

Name (please print): _____

Date of Birth: _____

Today's Date: _____

Records requested (circle those that apply)...

Notes Blood work MR/CT reports Visual Testing Other: _____

Records to be sent to: _____

Fax number (if known): _____

Mailing address (if known): _____

As of this date, I authorize that I am requesting that the above medical records be (please circle one) faxed / mailed to the stated Doctor or Medical Institution.

Patient's signature: _____