



EYE CARE ARKANSAS, P.A.

Robert L. Berry, M.D.
Monica Verma, M.D.
Valerie Arnold, O.D.
Kennan A. Doan, O.D.
Sanford P. Hooper, O.D.
Stephanie A. Willett, O.D.

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9800 Baptist Health Drive, Suite 301
Little Rock, AR 72205-6229
501-225-4488 phone
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REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Pt Date of Birth _____

Please release my medical records

TO or FROM

(please provide the provider's name or clinic name, address and phone number)

TO or FROM

Eye Care Arkansas, P.A.

Robert L. Berry, M.D. Monica Verma, M.D.
Valerie Arnold, O.D. Kennan A. Doan, O.D.
Sanford P. Hooper, O.D. Stephanie A. Willett, O.D.

Signature: _____ Date: _____