Aesthetic Eye & Surgical Arts

Medical Records Request

I would like a copy of my medical records sent to the office of Dr. Paul Brannan.

FROM: ______________________________________ Your Doctor's Name

TO: Paul Brannan, MD

Aesthetic Eye & Surgical Arts

5310 Clark Road Suite, 106

Sarasota, FL 34233

I hereby request and approve the release of my records:

____ Patient's Printed Name

____ Patient's Signature (or Guardian)

______________________ Patient DOB

______________________ Today's Date