

Dietlein & Labbe Eye Associates

311 Riverbend Drive
Georgetown, TX 78628

Phone: 512-931-2255
Fax: 512-819-9528

Date of request: _____

Requesting records from:

Provider: _____

Address: _____

Phone #: _____

Fax #: _____

This instrument is to request and authorize you to release and send information in my medical records to:

Jon F. Dietlein, M.D., P.A.

Thad A. Labbe, M.D.

Cynthia Wasser, O.D.

311 Riverbend Drive

Georgetown, TX 78628

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Address: _____

Patient Signature: _____

Witnessed by: _____

****If medical records exceed 15 pages, please mail them to
311 Riverbend Dr. Georgetown, TX 78628****