

# Illinois Eye Care Centers

Dr. Gary Morgan

Dr. F. Kent Aide

Dr. Charles Assell

Optometrists

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## Request for Release of Medical Records:

I, \_\_\_\_\_, authorize and request \_\_\_\_\_,

To release all medical records and all information herein, to Dr's Morgan, Aide,& Assell.

Information requested for release:

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Designated Recipient:

- Dr. Gary Morgan, O.D.
- Dr. F. Kent Aide, O.D.
- Dr. Charles Assell, O.D.

I understand that this authorization will automatically expire upon completion of this request.

\_\_\_\_\_  
Signature of patient, parent, or guardian

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2441 W. Schaumburg Rd. Schaumburg, IL 60194  
1115 N. Roselle Rd. Hoffman Estates, IL 60169  
762 W. Euclid Ave. Palatine, IL 60067