



Carl W. Baker, MD

Hilton Head Retina Institute

15 Lafayette Place, Suite C

Hilton Head Island, SC 29926

Phone: 843 -715-2424 Fax: 843-715-2945

AUTHORIZATION TO DISCLOSE MEDICAL RECORDS

Patient Name: _____ DOB: _____

I authorize the release of my entire medical record

I authorize a portion of my medical records as selected below:

Last clinic notes including medication list

History and Physical

Operative Reports

Discharge Summary

Diagnostic Test: _____

Other: _____

Hospital Record Notes for Admission Date: _____

Send records to

Send records to

Requesting records from

Requesting records from

Hilton Head Retina Institute

Name: _____

Dr. Carl W. Baker

Address: _____

15 Lafayette Place, St. C

Hilton Head Island, SC 29926

Phone: _____

Phone: 843-715-2424

Fax: _____

Fax: 843-715-2945

I hereby, authorize Hilton Head Retina Institute to obtain or release my personal medical records from the person/facility listed above. I authorize this information to be mailed to the address listed above or faxed to through a secure fax line.

Patient Signature: _____ Date: _____