



Community Eye Care  
of Indiana

John LaTona, M.D. Ph.D.  
Richard Kautzman, O.D.  
Thierry Wilbrandt, M.D.  
Alma Noreika, O.D.  
Matthew Burkart, O.D.

## Record Release Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I would like my complete records to be released From Dr.  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

The records are to be send to:

Company Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

I have an appointment scheduled for: \_\_\_\_\_

\_\_\_\_\_

Signature

Printed Name

### EAST OFFICE

1400 North Ritter, Ste 281  
Indianapolis, IN  
Phone 317.357.8663  
Fax 317.357.8842

### NORTH OFFICE

7250 Clearvista Drive, Ste 180  
Indianapolis, IN 46256  
Phone 317.594.9410  
Fax 317.594.0769

### VISIT US ONLINE

[www.CECofIndiana.com](http://www.CECofIndiana.com)

### EMAIL US

[cecin@cecofindiana.com](mailto:cecin@cecofindiana.com)