

Brett Elliott MD PA
Brett Elliott, MD
PO BOX 193
521 S. Dupont Blvd
Milford DE 19963

I HEREBY REQUEST A RELEASE OF MY OPHTHALMOLOGY RECORDS FROM BRETT ELLIOTT MD

Dr. Elliott is closing his Ophthalmology Practice on 12/31/2023 After that date the office will remain open but only for individuals requesting FAA Medical Certification Services.

Patient Name _____ Date of Birth ____/____/____

Address: _____

City: _____ State ____ Zip: _____ Phone Number: (____) _____ - _____

Name of parent or guardian if applicable _____

Signature _____

Printed name: _____

Please check one of the following:

____ Send an encrypted .pdf file to my e mail address: _____

____ Send to my FAX Number: (____) _____ - _____

____ Receive the records at our office.

____ Forward to another physician.

Name: _____

Address: _____

_____ - _____

FAX Number: (____) _____ - _____ Phone Number: (____) _____ - _____

The initial record transmittal is complementary, however subsequent requests by you or another entity will incur a fee to cover costs.