



EYE CARE ARKANSAS, P.A.

Robert L. Berry, M.D.
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9800 Baptist Health Drive Suite 301
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501-225-4488 phone
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RELEASE OF MEDICAL RECORDS REQUEST

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Please release my medical records

TO or FROM:

Please provide the provider's name or clinic name along with the address and phone number

TO or FROM:

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Signature _____ Date _____