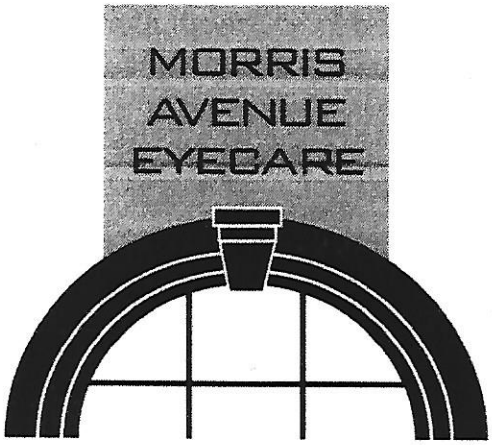

2014 Morris Avenue
Birmingham, Al 35203
Phone: 205-328-1744
Fax: 205-328-4270
morrisaveeyecare@
bellsouth.net

DATE_____

Please send a copy and accurate summary of my medical records to Dr. Valencia R. Wells.

Physician's Name _____

Physician's Address _____

Physician's Phone ( ) _____ FAX ( ) _____

Patient's Name (PRINT) _____ DOB_____

Patient's Address _____

Name of Insurance Holder _____

SSA# of Insurance Holder _____

Patient's Signature _____ _____

If patient is a minor, print name of Legal Guardian _____

Signature of legal guardian_____