

PARKWOOD VISION CENTER
WILLIAM K. POPE, O.D.

1102-A S. FRIENDSWOOD DRIVE
FRIENDSWOOD, TX 77546

PHONE (281) 482-0066

FAX (281) 482-5446

E MAIL DRPOPE@PARKWOODVISION.COM

Patient Name _____ Date of Birth _____

Permission to Release Patient Records From _____.

At the request of the above named individual, and for continuity of care, please forward

all requested information to the address above or _____

- All Records
- Contact Lens Parameters
- Visual Fields
- Other _____

Signature of Patient or Authorized Representative

Date