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519 North Mills Avenue
Orlando, Florida 32803
www.eolaeyes.com

Request for Patient Record

I, _____, do hereby request a
Copy of my eye health record and/or most recent eyeglass /
contact lens prescription be forwarded as soon as possible to:

Eola Eyes
519 N. Mills Avenue
Orlando, FL 32803

Telephone 407.447.7739
Fax 407.896.6547
Email eyedoc@eolaeyes.com

Thank you for your time and prompt attention to this matter.

Signed

Date

Print Name

DOB