

WILDWOOD EYECARE CENTER
DONALD J. BEILSTEIN, O.D.
MUJAHID A. HINES, M.D.

Request for Medical Information

Current Optical Rx ()
Full Medical Records ()
Contact Lens Rx ()

I hereby authorize the release of the requested records to the
Wildwood Eyecare Center.

Patient Name: _____

Patient Address: _____

Patient Phone #: _____

DOB: _____ Date: _____

Patient Signature: _____

Previous Doctor: _____

Address: _____

Phone #: _____ Fax #: _____

11250 Pleasant Valley Road, Penn Valley CA 95946 PHONE 530.432.2020 FAX 530.432.7666
WildwoodEyecareCenter@yahoo.com

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