



Dr. Cynthia Ward
Dr. Leticia Sandoval

Moss Park
10743 Narcoossee Road A25
Orlando, FL 32832
407-658-9990 (p) 407-658-8880 (f)

Eagle Creek
13848 Narcoossee Road A104
Orlando, FL 32832
407-930-5305 (p) 407-930-5496 (f)

Release of Medical Record

Date: _____

I, _____, authorize
(Print name)

Lake Nona Eye Care

To Release my records to

I also authorize the release of the following information:

- The release of information regarding my HIV, AIDS, or AIDS related status under State Law 381.004, to the person/institution named above
- The release of drug or alcohol abuse information as per Federal Statute 42 CFR, Ch.1, Part 2(1983), and State Statute 397.501, to the person named above.
- The release of information regarding my mental health under State Statute 394.4615

Signature _____ DOB _____