Associates In Family Eyecare

2249 W Eisenhower Blvd
Loveland, CO 80537
Phone: 970.669.4587
Fax: 970.669.4588
www.banfordstraub.com

Records Request

Date: _____

Patient Name: _____ DOB: _____

Patient Signature: _____

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____

Send To / From	Send To / From
Associates in Family Eyecare David Banford, OD Lou Spinozzi, OD Joseph Lavaux, OD	Location: _____ Doctor: _____ Fax: _____

*Unless otherwise specified, records requested will be for **all records** from the **last two years**.*

Specific Records Requested:

☐All Records
☐Eye Health Imaging
☐Contact Lens Documentation
☐Medical Records
☐Eye Glass Records
☐Health History
☐Procedure History
☐Other _____