



*OPHTHALMOLOGY - DISEASES AND SURGERY OF THE EYE*  
**Macular Degeneration & Diabetes Eye Institute of Northeast Florida**

2023 Professional Center Drive • Orange Park, FL 32073 (904) 272-2020  
1615 CR 220, Suite 140 • Fleming Island, FL 32003 (904) 276-2020  
11790 San Jose Blvd. • Jacksonville, FL 32223 (904) 765-2020

---

C.M. Harris, M.D. • John D. Wilcox Jr., M.D. • John P. Donovan, M.D. • Donald M. Downer, M.D.  
Russell A. Pecoraro, M.D. • Lawrence M. Levine, M.D. • David A. Green, O.D. • Melanie C. Javier, O.D.

---

## RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of any and all medical records pertaining to my care to:

Clay Eye Physicians & Surgeons

C.M. Harris, M.D. • John D. Wilcox Jr., M.D. • John P. Donovan, M.D.  
Donald M. Downer, M.D. • Russell A. Pecoraro, M.D. • Lawrence M. Levine, M.D.  
David A. Green, O.D. • Melanie C. Javier, O.D.

If we are unable to reach you personally, do we have your permission to leave a message on your voice mail or answering machine?    YES        NO

When calling our office regarding your care or to request prescription medication, please keep in mind that we need to speak to you directly. This will ensure that both parties receive the correct information.

Also, I give my permission for Clay Eye Physicians & Surgeons to release my medical information to the following people:

Name/Relationship to Patient

---

**I understand that by signing this form, I have authorized this office to release my medical information.**

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_