Dr. Barbara J. Tarbell
Fellow of the American Academy of Optometry *908-281-0800*

RECORDS TRANSFER REQUEST

Date:_____

To:_____

Address:_____

City:_____ State:_____ Zip:_____

I hereby authorize the release of my records to:

DR. BARBARA J.TARBELL, OD, FAAO
305 OMNI DRIVE
HILLSBOROUGH, NEW JERSEY 08844-4526

_____ __/__/___ _____
Print Patient Name DOB Signature of Patient or Guardian