



**ADVANCED EYECARE**

A MEMBER OF *VISION SOURCE*

**EDGEWATER**

75 River Road, 2nd Fl  
Edgewater, NJ 07020  
(201)340-6406

**CARTERET**

29 Washington Ave, Unit 107  
Carteret, NJ 07008  
(732)352-0234

**HILLSBOROUGH**

305 Omni Drive  
Hillsborough, NJ 08844  
(908) 281-0800

**RECORDS TRANSFER REQUEST**

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

To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the release of my records to:

**ADVANCED EYECARE OF HILLSBOROUGH**

**305 OMNI DRIVE HILLSBOROUGH, NEW JERSEY 08844-4526**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

Print Patient Name DOB Signature of Patient or Guardian