

**BRADLEY W. FIELDING, OD
13 N. UNIVERSITY
EDMOND, OK 73034
TEL: 405-341-3567
Fax: 405-359-2000**

Regarding patient: _____ DOB _____

Dear Dr. _____,

Phone # _____ Fax # _____

Please forward to our office a copy of the records checked below. Any other pertinent information that you could forward would be appreciated.

- Ophthalmoscopy/Bio Microscopy report**
- Refraction History**
- Tonometric pressures / Visual fields reports**
- Contact Lens History / measurements**

*****PLEASE FAX MOST RECENT INFORMATION ONLY*****

Thank you for your cooperation.

Sincerely,

Dr. Bradley W. Fielding

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**I hereby authorize Dr. \_\_\_\_\_ to transfer my vision care records ( and any other information that he/she deems relevant) to Dr. Bradley Fielding.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**