



Earnest Care. Extraordinary Expertise.

Andrew J Sacco, OD, FAAO  
Daniel J Kirchheimer, OD  
Doctors of Optometry

Treatment of Eye Disease  
Eye Examinations  
Pediatric and Adult Care

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

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

We are currently treating the following patient in our office. They are scheduled to be seen in our office on \_\_\_\_\_. Please forward all pertinent medical records.

I request that all my records be forwarded to Sacco Eye Group.

\_\_\_\_\_  
PRINT PATIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
WITNESS