



Mark T. Goulas, MD

23 Plantation Park Drive, Suite 401

Bluffton, SC 29910

Phone: (843) 815-5454

Fax: (843)757-9665

General Ophthalmology

Cataract and Refractive Surgery

Permission to Release Medical Information:

Patient's Name: _____

Date of Birth: _____ SSN: _____

I hereby give permission for _____

Address: _____

Phone: _____

Fax: _____

To release or discuss any medical records or medical information to **Mark T. Goulas, MD**

Patient Signature: _____

Date: _____

Please fax Records to (843)757-9665, Attn: Medical Records, or mail them to:

Goulas Eye, LLC

23 Planation Park Drive, Suite 401

Bluffton, SC 29910