

Richboro Eye Care

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Board Certified Ophthalmologist
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As of August 15, 2026 I have retired from the practice of Ophthalmology. It has been my privilege to have you as my patient. As the custodian of your medical records, here are your options moving forward. **Check only ONE of the following choices you wish to pursue, sign the release and mail it back or drop it off in our gray mail slot. Please make your selection within the next 45 days. Transferring the records is free of charge.** If you want a copy of your records the fee is \$30 for your records to be placed on a flash drive. They will not be printed. If you do not have a flash drive to cost is an additional \$15.

[] Because I have no eye issues, have made other arrangements, **I have no need for these older records.**

[] Transfer records to **Tri-Century Eye Care**, 319 Second Street Pike, **Southampton**, PA 18966
Tel: (215) 355-4428. This practice has 8 Ophthalmologists and soon to add another

[] Transfer records to **Armstrong, George, Cohen, Will Ophthalmology**, 345 N York Rd, **Hatboro**, PA 19040
Tel: 215-672-9030. There are 5 Board Certified Ophthalmologists on in the practice.

[] Transfer records to **Total Eye Care Newtown**, 451 S. State Street, Ste B, **Newtown**, PA 18940.
Tel: 267-293-3637. There are 4 Board Certified Ophthalmologists on in the practice.

[] Transfer records to **Refocus Eye Care**, 331 North York Road, **Hatboro**, PA 19040
Tel: 215-938-7878. There are 4 Board Certified Ophthalmologists on in the practice

[] Transfer records to **Valley Eye Associates**, 2755 Philmont Ave Ste 140, **Huntingdon Valley**, PA 19006
Tel: 215-938-7878. There are 3 Board Certified Ophthalmologists on in the practice.

[] Transfer my records to **Galiani Ophthalmology Associates**, 14 Memorial Dr A, **Doylestown**, PA 18901
Tel: 215-345-5144. There are 3 Board Certified Ophthalmologists on in the practice.

[] Transfer my records here instead: _____

Tel: _____ Fax: _____

I authorize the transfer of my medical records to the above selected practice or non-transfer selection.

Name of Person signing _____

Signature _____ Date _____