



WILKINSON EYE CENTER, P.C.

dedicated to EXCELLENCE in eye care

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)

*Certified Doctors
of Ophthalmology*
W. Scott Wilkinson, MD
Amy L. Smith, MD
Cagri G. Besirli, MD

*Certified Doctor
of Optometry*
John M. Schmitz, OD

Patient name: _____

Date of birth: _____

Patient address:

Street: _____

Apartment #: _____

City, State, ZIP: _____

Type of entry to be amended:

- Visit note
- Nurse note
- Hospital note
- Prescription information
- Patient history
- Other

Please explain how the entry is inaccurate or incomplete:

Please specify what the entry should say to be more accurate or complete:

Signature of patient: _____ Date: _____

Signature of guardian: _____ Date: _____

Printed name of legal guardian: _____

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