Richboro Eye Care

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Scott R. Zeigen, M.D.

Board Certified Ophthalmologist
Wills Eye Hospital Affiliated Eye Surgeon
www.RichboroEyeCare.com

Dear patient,

As of August 15, 2026, I have retired from my daily 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 office's gray mail slot**. **Please make your selection within the next 45 days.**

Our previous arrangement with Bucks County Eye Associates in Langhorne was terminated.

[ ] I no longer need my eye care records. Reason (optional) _____

[ ] Transfer to **Tri-Century Eye Care,** 319 Second Street Pike, **Southampton**, PA 18966
Tel: 215-672-9030. This practice has 9 Ophthalmologists

[ ] Transfer 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 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 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 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 to **Galiani Ophthalmology Associates**, 4 Memorial Dr A, **Doylestown**, PA 18901
Tel: 215-345-5144. There are 3 Board Certified Ophthalmologists on in the practice.

[ ] Transfer 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 _____