Martinez Optometry
835 Main St.
Martinez, CA 94553
Tel (925) 228-3737 Fax (925) 228-3708

Date:

RE: Release of medical records for:

DOB:

Dear Martinez Optometry:
I am authorizing and requesting that you release all of my medical records. This information should be sent to:

Name: _____

Address: _____

_____

Fax: _____

Sincerely,

Martinez Optometry
835 Main St.
Martinez, CA 94553
Tel (925) 228-3737 Fax (925) 228-3708

Date:

_____
_____
_____

Release of medical records for:
DOB:

Dear _____:

I am authorizing and requesting that you release all of my medical records. This information should be sent to:

Martinez Optometry
835 Main Street
Martinez, CA 94553
(Ph) 925-228-3737
(Fx) 925-228-3708

Sincerely,