



Cheyenne Huber, O.D., FAAO
Nina Tran, O.D.
835 Main Street
Martinez, CA 94553
Tel (925)228-3737 Fax (925)228-3708

MEDICAL RECORDS RELEASE AUTHORIZATION

NAME OF OFFICE: _____

ADDRESS: _____

FAX: _____ PHONE: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE ALL MY MEDICAL
RECORDS TO MARTINEZ OPTOMETRY

NAME: _____ DOB: _____

PATIENT RECORD NUMBER: _____

SIGNATURE: _____ DATE: _____