

RE: Release form

Dear Dr. _____:

I authorize you to release my records or a copy of my records to the following office as soon as possible:

Cynthia Broady, O.D.
Jennifer Jensen, O.D.
17300 E. 17th St. Suite M
Tustin, CA 92780
Phone: (714) 838-9664
Fax: (714) 838-6774

Thank you for your cooperation.

Patient's signature

(Please print)

Patient's name _____

Address _____

Telephone _____