

Sunnyvale Optometry

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TO: SUNNYVALE OPTOMETRY

Cindy Tran, O.D.

Spencer Lee, O.D.

Vivian Nguyen, O.D.

Caitlyn Y. Lew, O.D.

Helen Lee, O.D.

I authorize you to release my records to:

Doctor's Name /Office/Self: _____ Fax Number: _____

Address: _____

Patient Name: _____

Patient Address: _____

Patient Phone Number: _____ Patient D.O.B: _____

Patient Signature: _____

Date: _____

***One year of exam notes are shared as a courtesy to authorized offices.
Additional/Full records will incur a \$25 processing fee, to be collected prior to its
release. Additional/Full records will be provided on a CD disc. This will take
approximately one week to process. CD disc can be mailed to you with an additional
shipping & Handling fee of \$4 (within the contiguous United States).