

# Sunnyvale Optometry

596 East El Camino Real, Suite 2

Sunnyvale, CA 94087

Phone: (408) 245-6212 Fax: (408) 245-6233

Email: office@sunnyvaleoptometry.net

TO: SUNNYVALE OPTOMETRY

Cindy Tran, O.D.

Spencer Lee, O.D.

Michela Fong, 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).