

Record Request Form

Sunnyvale Optometry

596 E. El Camino Real, Suite 2

Sunnyvale, California 94087

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

Email: office@sunnyvaleoptometry.net

Date: _____

To: _____

I authorize you to release my records to Sunnyvale Optometry:

____ Cindy Tran, O.D.

____ Spencer Lee, O.D.

____ Vivian Nguyen, O.D.

____ Caitlyn Lew, O.D.

____ Helen Lee, O.D.

Patient Signature: _____

Patient Name (Print): _____

Date of Birth: _____