



400 O Street, Ste 102
Sacramento, CA 95814

Ph. 916-443-3524

Fax 916-443-9126

Email: sacptom@pacbell.net

Kenneth Sakazaki, O.D.

Kristen Sakamoto, O.D

Katrina Gallardo-Chang, O.D.

Authorization to Release Medical Records

Patient: _____ Date: _____

Date of Birth: _____

I authorize Dr. _____ to disclose complete information to Sacramento Optometric Group concerning my medical treatment and findings.

OR

I authorized Sacramento Optometric Group to release my records to the following

Dr. _____

I release you from all legal liability that may arise from this authorization.

Signed: _____

The following Needed:

COMPLETE RECORDS

VISUAL FIELD INFORMATION

CONTACT LENS INFORMATION

LAST 3 YEARS RECORDS