



400 O Street, Ste 102  
Sacramento, CA 95814

Ph. 916-443-3524 Fax 916-443-9126 Email: [sacptom@pacbell.net](mailto:sacptom@pacbell.net)

Kenneth Sakazaki, O.D. Katrina Gallardo-Chang, O.D. Soo Jin Noh, 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