



**Seth Miskin, OD**  
(707) 725-5144  
Fax # (707) 725-3511  
630 9th Street, Fortuna CA 95540

## Authorization For Records Release

To Dr. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Fax # \_\_\_\_\_

I hereby authorize and direct you to release to:

**Fortuna Optometry**  
**Seth Miskin, OD**  
630 9<sup>th</sup> Street, Fortuna, CA 95540  
Fax # (707) 725-3511

\_\_\_\_\_ My most recent RX

\_\_\_\_\_ My most recent contact lens RX

\_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_