



ph: (707) 725-5144
fax: (707) 725-3511
address: 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
630 9th Street, Fortuna, CA 95540
Fax: (707) 725-3511

_____ My most recent RX

_____ My most recent contact lens RX

_____ Other _____

Name _____ DOB _____

Address _____

Signature _____

Relationship _____