

Oakland Vision Center O P T O M E T R Y

1960 BROADWAY, OAKLAND CA 94612

p: 510-893-5566 · f: 510-893-3921 · www.oaklandvisioncenter.com

RELEASE OF RECORDS REQUEST

DATE

RE: PATIENT

DOB

To Whom It May Concern,

I kindly request that you release my records to Oakland Vision Center at your earliest convenience. Thank you!!

OAKLAND VISION CENTER
1960 BROADWAY
OAKLAND CA 94612
FAX: 510-893-3921

SIGNATURE OF PATIENT

SIGNATURE OF WITNESS/GUARDIAN
