

San Carlos  
EYE CARE

750 El Camino Real  
San Carlos, CA 94070  
Phone: (650) 596-1999  
Fax: (650) 596-1987

**Ninh H. Tran, M.D.**  
**Alan L. Susal, M.D.**  
**Richard B. Braunstein, M.D.**  
**Nary Chum, O.D.**

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

to release a copy of my health information to San Carlos Eye Care.

Description of information to be released: (check all that apply)

- Entire medical record
- Immunization record
- Laboratory reports
- Radiology/Imaging reports
- Radiology films
- Other \_\_\_\_\_
- Most recent history and physical
- Consultations
- Progress notes

Time period these records cover

- All
- From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient *or* Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient *or* Patient's Representative