

Burbank Optometric Center
1032 N Hollywood Way
Burbank, CA 91505
(818) 845-3549
(818) 846-3204 FAX

RECORDS RELEASE FORM

Date

Name

First Name

Last Name

Records Request

Last Comprehensive Annual Eye Exam

Past 3 years of Exams

Visual Fields / Retinal Photos

Most Recent Glasses Rx / Contacts Rx

Please complete **one of the two** options below:

I authorize:

Burbank Optometric to release my medical records to:

The practice below to release my medical records to Burbank Optometric Center.

Doctor / Practice Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Zip Code

Phone or Fax
Number

Signature
