



Alan E. French, O.D.
P.O. Box 518 • 630 9th Street
Fortuna, CA 95540
(707) 725-5144 • Fax (707) 725-3511

Authorization For Records Release

To Dr. _____ Date _____

Address _____

Fax # _____

I hereby authorize and direct you to release to:

Fortuna Optometry

Alan E. French O.D.
630 9th St.
Fortuna, Ca. 95540
Fax # (707) 725-3511

_____ My most recent RX

_____ My most recent contact lens RX

_____ Other _____

Name _____ DOB _____

Address _____

Signature _____

Relationship _____