

**Consent for Release of Medical Records
Vantage Eye Center**

Date of request: _____

To:

622 Abbott St.
Salinas, CA 93901
Phone (831) 771-3900
Fax (831) 424-7835

2 Upper Ragsdale Bldg. B, Ste. 130
Monterey, CA 93940
Phone (831) 647-3900
Fax (831) 647-1860

966 Cass St. Ste. 100
Monterey, CA 93940
Phone (831) 373-7733
Fax (831) 373-2090

From:

Name of Other Party

Address

Phone #

Fax #

Please release a copy of the specified information from my medical records:

Patient Name:

Date of Birth

Medical Record #

Patient/Legal Guardian Signature

Relationship to Patient

Chart Notes

All

Specific date(s): _____

Other

Specify _____

Special Reports

All

Specific date(s): _____

Mail to patient

Patient will pick up

Dictated Reports

All

Specific date(s): _____

Fax to designated #

~~Stuart A. Paul, MD~~
~~Matthew B. Jones, MD~~
Asit Tony Pruthi, MD *AK*

Richard U. Kim, MD
Jon P. Page, MD
Reza Iranmanesh, MD

Carlo R. Bernardino, MD
Alexander Holmes, MD
Charles Whisler, MD

~~Geoffrey White, MD~~
~~Jane M. Medcalf, OD~~
Michael D. Neunzig, OD

~~Mehrak Farahmand, OD~~

*Plus add 1
date*
Vantage Eye Center

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Name of Receiving Party

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Fax #

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Plus add'l info

Vantage Eye Center