gwEYE**ASSOCIATES** Gordon G. Wong, O.D. Wildon C. Wong, O.D.

Request for Release of Medical Records

I hereby request that my medical records from the doctor specified in section (a) be released to the doctor specified in section (b).

(a) My records are to be released from:		
Name of Doctor		
Street Address		
City	State	Zip Code

(b) My records are to be released to:		
Name of Doctor		
Street Address		
City	State	Zip Code

There is a charge for paper records, digital copies can be sent at no charge. If you would like a digital copy of records, please include either the email address or fax number.

Name (Please print) Date of Birth

Signature of Patient
(or Guardian if under 18) Date

7841 Fay Avenue, La Jolla, CA 92037 tel 858.454.4699 fax 858.454.3797
www.gweye.com