

# MARTEL EYE MEDICAL GROUP

## Authorization for Release of Medical Records

### Martel Eye Physicians and Surgeons

Joseph Martel, M.D.  
James Martel, M.D., M.P. H  
Charles Bradbrook, M.D.  
Michael Sakamoto, M.D.  
Elliot Eisenberg, M.D.

### Optometrists

Dwight Clark, O.D.  
Laura Rogers, O.D.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Patient Name) (Date of Birth) (Social Security No.)

hereby request/authorize the release of medical records and/or information from:

Martel Eye Medical Group  
11216 Trinity River Drive  
Rancho Cordova, CA 95670

To be released to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

or Fax: \_\_\_\_\_

I understand that this record release may take up to 15 business days until it is mailed or faxed.

I authorize the above record release.

\_\_\_\_\_  
Patient or Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Released By

\_\_\_\_\_  
Release Date

11216 Trinity River Drive  
Rancho Cordova, CA 95670  
Phone: 916-635-6161  
Fax: 916-635-5145

650 Howe Avenue, Suite 830  
Sacramento, CA 95825  
Phone: 916-564-9990  
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