

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:

Clinic/Provider Name: _____

Address: _____

To be released to:

Martel Eye Medical Group
11216 Trinity River Drive
Rancho Cordova, CA 95670
Fax: (916) 635-5145

I authorize the above record release.

Patient or Guarantor Signature

Date

Request Sent By

Sent 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
Fax: 916-564-9994