



J. Craig Dally, OD

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Ph (408) 371-3623 Fax (408) 371-3617

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

DOB: \_\_\_\_\_

I authorize the custodian of records \_\_\_\_\_ to disclose/release the following information (check all applicable):

- Most current prescription records for glasses and/or contacts
- Complete Medical Records

Please fax the records listed above to:

**Bay View Eye Care Center (408) 371-3617**

\_\_\_\_\_  
Signature of patient (or patients personal representative)

\_\_\_\_\_  
Date