CUSTOM EYES
OPTOMETRY
MEMBER Vision Source NETWORK

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MICHAEL BOURGOIN, O.D.
JEAN YOO, O.D.

AUTHORIZATION FOR RELEASE OF PATIENT RECORDS

Patient Name:_____

Date of Birth:_____

Address: _____

_____

I hereby authorize the following agency or person:

Name: _____

Address:_____

_____

to release the information relative to the above named patient.

_____ _____
Patient/Guardian Signature Date

_____
Relationship

Please send the above released records to:

Custom Eyes Optometry
1835 Newport Blvd., Suite E-270
Costa Mesa, CA 92627
ceoptometry@sbcglobal.net
Fax: (949) 646-2533