

Apple Optometry
Dr. Carol Aivazian
9911 Topanga Canyon Blvd.
Chatsworth, CA 91311
Phone (818) 678-9133
Fax (818) 678-9293

Request for Release of Medical Records:

Patient's FIRST Name: _____

Patient's LAST Name: _____

Patient's Date of Birth: _____ / _____ / _____

Dr's Name or Name of Business: _____

Phone (_____) _____

FAX (_____) _____

I _____ request the release of my records to

Dr. Carol Aivazian, O.D. Please fax my records to (818) 678-9293 as soon as possible.
Email any photos or color documents that may not come out clearly when faxed to:
Appleyecare@gmail.com. Please put the patient name in the subject line.

Thank you.

Signature

Date

Parent Signature (if under 18) _____