Apple Optometry
Dr. Carol Aivazian
Dr. Alexandria Aguilera
9911 Topanga Canyon Blvd.
Chatsworth, CA 91311
Phone (818) 678-9133
Fax (818) 678-9293
Email Appleyecare@gmail.com

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 Apple Optometry.
(print patient or parent name)

_____fax my records to (818) 678-9293 as soon as possible

_____email my records to appleyecare@gmail.com.

(If there are photos or color images, please email them.)

Thank you,

_____
Signature of Patient or Parent if under 18

_____
Date