

3/12/083/12/08

Chris Gualtieri, MD  
Eye Laser and Vision Center  
*A Professional Corporation*  
3969 Fourth Avenue # 301  
San Diego, CA 92103  
619-688-2648

## Release of Health & Medical Information

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ do hereby authorized the above person, physician, company or entity to release any necessary medical or health information including chart notes, records, optical prescriptions relating to all examinations, refractions, diagnoses, and treatments which I have received. I agree to pay for any fees charged to release my records.

This information should be sent by mail or faxed to:

Chris Gualtieri, MD, APC  
3969 Fourth Avenue # 301  
San Diego, CA 92103  
FAX 619-688-2626

ATTENTION: Medical Records Department

Thank you for your cooperation,

Signature of requesting patient \_\_\_\_\_

Date of request \_\_\_\_\_

Social security # \_\_\_\_\_

Date of birth \_\_\_\_\_