

Dr. Kenneth Chiu & Associates
Optometrists

I authorize _____ to release my:

- Prescription only
- Prescription and medical records for last exam

To/Attn: Dr. Kenneth Chiu & Associates

Address: 1600 El Camino Real Blvd.
South San Francisco, CA 94080

Phone/Fax: 650-992-5881

Print Name

Signature

Date