

GOLDEN VISION OPTOMETRY

15333 Culver Drive, Suite 690

Irvine, CA 92604

Phone: (949) 552-4271

Fax: (949) 552-0321

I \_\_\_\_\_ hereby, give permission to have my records released through email, mail, and/or fax. I will not hold Golden Vision Optometry or the staff responsible for any documents that are altered due to the release.

Signature \_\_\_\_\_ Date \_\_\_\_\_