



Carmel Mountain Vision Care
9320 Carmel Mountain Rd. Ste E
San Diego, CA 92129
Tel (858) 484-1500
Fax (858) 484-9143
www.carmelmountainvisioncare.com

Medical Records Request

I hereby authorize _____ to furnish copies
(Health care provider)
of the medical record of _____ to the following:
(Patient name with date of birth)

Carmel Mountain Vision Care

Joel Cook, O.D.
Kevin Reeder, O.D.
Barbara Bytomski, O.D.
Earl Sandler, O.D.

Another Healthcare Professional

Name: _____
Address: _____
Phone: _____

Myself

Please provide:

The portion of the records concerning _____
The most-recent exam record
The entire medical record

Unless specifically requested, any and all information may be released, including but not limited to mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV results.

Notice to Health Care Provider:

California state law (Health & Safety Code § 123110) requires the transmission of the requested information within fifteen (15) days of receiving this request. It is illegal to discriminate against types of health care providers when sending out medical records requested under the Patient Access to Medical Records law.

Printed Name of Requestor _____
(Patient or Parent/ Guardian if Minor)

Signature or requestor _____ Date _____