



3700 North 24th Street
Suite 150
Phoenix, Arizona 85016
Tel: 602-263-8098 Fax: 602-234-8494

Buena Vista Ophthalmologists, PC

RECORDS RELEASE

DATE _____

To: Buena Vista Ophthalmologists, P.C.
3700 North 24th Street, Suite 150
Phoenix, AZ 85016

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

THE COMPLETE MEDICAL RECORDS IN YOUR POSSESSION CONCERNING:

PATIENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SIGNATURE: _____

Patient or Guardian



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Buena Vista Ophthalmologists, PC

RECORDS RELEASE:

DATE: _____

TO:

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

BUENA VISTA OPHTHALMOLOGISTS

Leslie A. Kanda, MD Richard A. Isenberg, MD

**3700 North 24th Street, Suite 150
Phoenix, AZ 85016**

THE COMPLETE MEDICAL RECORDS IN YOUR POSSESSION:

PATIENT: _____

ADDRESS: _____

BIRTH DATE: _____

SIGNATURE: _____

Patient or Guardian