Sumio Taniguchi, O.D.
Stan Matsuoka, O.D.
Eric Ige, O.D.
17523 Crenshaw Blvd.
Torrance, CA 90504
(310) 327-9693
Fax (310) 327-9699

Authorization for Release of Medical Information

I hereby authorize the following medical information to be released:

From:

Doctor's Name _____

Address _____

City _____ State _____

Zip Code _____ Telephone _____

To:

Doctor's Name _____

Address _____

City _____ State _____

Zip Code _____ Telephone _____

The reason for the release of information are: _____

_____

Patient's Name _____

Signature _____

Address _____

City _____ State _____

Zip Code _____ Telephone _____

D.O.B. _____ S.S. # _____