



**Dr. David Dally, OD**

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PH: (408)371-3623 FAX: (408)371-3617

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I authorize the custodian of records \_\_\_\_\_

to disclose/release the following information (check all applicable):

- Most current prescription records for glasses and/or contacts
- Complete Medical Records

Please fax the records listed above to:

**Bay View Eye Care Center (408)-371-3617**