



This is the written request to have the records of:

Name _____

Address _____

Please forward all medical records to:
Lori J. Clark O. D., Inc, An Optometric Corporation
1145 Manhattan Avenue
Manhattan Beach, CA 90266
Phone: 310-546-4618
Fax: 310-546-9268

Please forward all medical records to:

Doctor's Name _____

Address _____

Phone _____

Fax _____

Thank you,

Signed

Dated