

BARRY C. WINSTON, O.D., F.A.A.O
Amador Valley Optometric
4450 Black Ave., Suite C
Pleasanton, CA 94566
(925)462-2600 FAX: (925)462-2605



Record Release Authorization

To: _____

Date: _____

Re: _____

I authorize my records to be released to:

Barry C. Winston, O.D.
4450 Black Ave., Suite C
Pleasanton, CA 94566

Patient's Signature (Parent for minor)