

**Dr. Kenneth Chiu & Associates**  
Optometrists

---

I authorize \_\_\_\_\_ to release my:

- Prescription only
- Prescription and medical records for last exam

To/Attn: Dr. Kenneth Chiu & Associates

Address: 1600 El Camino Real Blvd.  
South San Francisco, CA 94080

Phone/Fax: 650-992-5881

---

**Print Name**

---

**Signature**

---

**Date**