

**Lisa Berkowitz, Optometrist  
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Palo Alto, CA 94301  
650-618-4220  
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**Request for Eye Exam Record Transfer**

**Please forward my eye exam records, including retinal photos  
to: Lisa Berkowitz, O.D.**

Name \_\_\_\_\_

Date or Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_