UROLOGY ASSOCIATES OF SAN LUIS OBISPO
A Medical Group, Inc.

UROLOGY ASSOCIATES MEDICAL RECORDS RELEASE TO OUTSIDE PHYSICIAN

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TO RELEASE THE FOLLOWING MEDICAL RECORDS AND/OR ANY REQUESTED INFORMATION THEREFORM: _____

THIS INFORMATION IS FOR USE BY THE RECIPIENT NAMED ABOVE ONLY. IT CANNOT BE GIVEN TO ANY OTHER INDIVIDUAL OR AGENCY WITHOUT THE PATIENT'S CONSENT.

PATIENT'S SIGNATURE | DATE

WTINESS SIGNATURE | DATE

SIGNATURE CONFIRMED | DATE

REVISED 03/30/2015