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

UROLOGY ASSOCIATES TO OUTSIDE PHYSICIAN MEDICAL RECORDS RELEASE

Last Name _____ First Name _____ MI _____ Date of Birth _____ Social Security # _____

Street Address _____ City _____ State _____ Zip _____

I authorize:

- ☐ Craig W. Canfield, M.D.
- ☐ Michael deWit Clayton, M.D.
- ☐ Christopher Johnson, M.D.
- ☐ Paul W. Klosterman, M.D.
- ☐ Joseph R. Kuntze, M.D.
- ☐ Hugh B. Perkin, M.D.
- ☐ Jennifer Eckerman, P.A.-C.
- ☐ Jessica Turner, P.A.-C.
- ☐ Sara Woodruff, P.A.-C.

☐ 35 Casa Street, #370
San Luis Obispo, CA 93405
805-541-1111
FAX 805-544-0834

☐ 525 E. Plaza Dr., #304
Santa Maria, CA 93454
805-349-7133
FAX 805-349-7137

☐ 921 Oak Park Blvd., Ste. 202
Pismo Beach, CA 93449
805-473-7818
FAX 805-473-7820

☐ 1310 Las Tablas Road, Ste. 201
Templeton, CA 93465
805-434-1408
FAX 805-434-1224

to release the following medical records and/or any requested information therefrom _____

_____

TO:

_____
Name of Group or Physician

_____
Street

_____
City State Zip

_____
Telephone FAX

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

_____
Witness Signature Date

_____
Signature Confirmed by Expiration date
(no later than 6 years)

Revised 12/05