



# UROLOGY ASSOCIATES MEDICAL RECORDS RELEASE TO OUTSIDE PHYSICIAN

|                |            |      |               |                   |
|----------------|------------|------|---------------|-------------------|
| LAST NAME      | FIRST NAME | MI   | DATE OF BIRTH | SOCIAL SECURITY # |
| STREET ADDRESS |            | CITY | STATE         | ZIP               |

**I AUTHORIZE:**

|                                    |                                 |
|------------------------------------|---------------------------------|
| Craig W. Canfield, M.D.            | Michael D. Clayton, M.D., FACS  |
| Christopher W. Johnson, M.D., FACS | Carol A. Karamitsos, M.D.       |
| Samuel B. Kieley, M.D.             | Paul W. Klosterman, M.D.        |
| Joseph R. Kuntze, M.D.             | Brett D. Lebed, M.D.            |
| Hugh B. Perkin, M.D.               | Jennifer Eckerman, PA-C, M.P.H. |
| Shermin Yaghoubi, PA-C             | Diana Agraz, PA-C               |

**OF:**

35 Casa Street, Suite 370, San Luis Obispo, CA 93405  
 Phone: 805 541 1111 Fax: 805 544 0834

1310 Las Tablas Road, Suite 201, Templeton, CA 93465  
 Phone: 805 434 1408 Fax: 805 434 1224

921 Oak Park Boulevard , Suite 202, Pismo Beach, CA 93449  
 Phone: 805 473 7818 Fax: 805 473 7820

116 S. Palisades Drive, Suite 110, Santa Maria, CA 93454  
 Phone: 805 349 7133 Fax: 805 349 7137

1111 E. Ocean Avenue, Suite 3, Lompoc, CA 93436  
 Phone: 805 733 8150 Fax: 805 733 8151

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

**TO:**

|                              |  |      |       |     |
|------------------------------|--|------|-------|-----|
| NAME OF INDIVIDUAL OR AGENCY |  |      |       |     |
| STREET ADDRESS               |  | CITY | STATE | ZIP |
| PHONE                        |  | 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 | DATE |