



# OUTSIDE PHYSICIAN TO UROLOGY ASSOCIATES MEDICAL RECORDS RELEASE

LAST NAME FIRST NAME MI DATE OF BIRTH SOCIAL SECURITY #

STREET ADDRESS CITY STATE ZIP

**I AUTHORIZE:**

NAME OF INDIVIDUAL OR AGENCY

STREET ADDRESS CITY STATE ZIP

PHONE FAX

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

**TO:**

Craig W. Canfield, M.D.	Shermin Yaghoubi, PA-C
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.

**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: 805 735 8150 Fax: 805 733 8151

**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