



**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Craig W. Canfield, M.D.</b>     | <input type="checkbox"/> <b>Joseph R. Kuntze, M.D.</b>     |
| <input type="checkbox"/> <b>Michael deWit Clayton, M.D.</b> | <input type="checkbox"/> <b>Hugh B. Perkin, M.D.</b>       |
| <input type="checkbox"/> <b>Christopher Johnson, M.D.</b>   | <input type="checkbox"/> <b>Jennifer Eckerman, P.A.-C.</b> |
| <input type="checkbox"/> <b>Paul W. Klosterman, M.D.</b>    | <input type="checkbox"/> <b>Jessica Turner, P.A.-C.</b>    |
|   | <input type="checkbox"/> <b>Sara Woodruff, P.A.-C.</b>     |

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 35 Casa Street, #370<br>San Luis Obispo, CA 93405<br>805-541-1111<br>FAX 805-544-0834 | <input type="checkbox"/> 525 E. Plaza Dr., #304<br>Santa Maria, CA 93454<br>805-349-7133<br>FAX 805-349-7137 | <input type="checkbox"/> 921 Oak Park Blvd., Ste. 202<br>Pismo Beach, CA 93449<br>805-473-7818<br>FAX 805-473-7820 | <input type="checkbox"/> 1310 Las Tablas Road, Ste. 201<br>Templeton, CA 93465<br>805-434-1408<br>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 <i>(no later than 6 years)</i>