



**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.**

**Jennifer Eckerman, P.A.-C.**

**Michael deWit Clayton, M.D.**

**Jessica Turner, P.A.-C.**

**Paul W. Klosterman, M.D.**

**Sara Woodruff, P.A.-C.**

**Joseph R. Kuntze, M.D.**

77 Casa Street, #202  
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)