



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:

Michael A. Avallone, M.D.	Craig W. Canfield, M.D.
Byron P. Dubow, M.D.	Christopher W. Johnson, M.D.
Samuel B. Kieley, M.D.	Hugh B. Perkin, M.D.
Brett D. Lebed, M.D.	Jennifer Eckerman, PA-C, M.P.H.
M. Aaron Garmendia, PA-C	Shermin Rutherford, 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