San Luis Podiatry Group

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**805-543-7788/805-434-2009 tel**
805-543-7828/805-434-0119 fax

RECORDS RELEASE AUTHORIZATION:

TO : _____

PATIENT'S NAME : _____
(LAST) (FIRST) (INITIAL)

PATIENT'S DATE OF BIRTH**:** _____

**SAN LUIS PODIATRY GROUP – CHRIS BYRNE, DPM / to release the following:**

( ) ALL MEDICAL RECORDS INCLUDING XRAYS

( ) MEDICAL RECORDS ONLY ( ) X-RAYS ONLY ( ) LAB TEST

( ) OTHER: _____

## TO BE MAILED / FAXED TO :

_____
NAME OF MEDICAL FACILITY / MEDICAL OFFICE / DOCTOR / INSURANCE / OTHER

_____
MAILING ADDRESS – STREET NUMBER AND NAME / SUITE NUMBER

_____
CITY STATE ZIP CODE

**( ) OTHER :** _____
*picked up by patient or relative and to be hand carried to medical group/provider*

_____ _____
PATIENT'S SIGNATURE DATE
(relative/guardian please state relationship)