

UROLOGICAL MEDICAL GROUP OF NORTH ORANGE COUNTY

Adult and Pediatric Urology

ALAN C. WEINBERG, M.D. F.A.C.S.
MICHAEL S. GAZZANIGA, M.D., F.A.C.S.
ERIC B. TYGENHOF, M.D.

301 W. Bastanchury Rd. Suite 180
Fullerton, CA 92835
Day or Night Call: (714) 870-5970

16960E. Bastanchury Rd. Suite F
Yorba Linda, CA 92886
Day or Night Call: (714) 870-5970

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: _____
Name of Physician, Hospital or Facility

Address: _____
Address City State Zip Code

Phone: _____ Fax: _____

From: _____
Name of Patient

Re: Request for Release of Medical Records

I hereby request that my medical records, without limitations, including any HIV test results and/or treatment and any psychiatric records, be released TO :

Urological Medical Group of North Orange County
301 W. Bastanchury Rd. Suite 180
Fullerton, CA 92835
Fax (714) 870-4792

This authorization releases my medical records for the following designated purpose:

This release is valid for 30 days after this date.

I understand that I am entitled to receive a copy of this release.

Signature of Patient or Legal Guardian Patient's Date of Birth

Print Patient's Name Date Signed

Print Name of Legal Guardian (relationship), if applicable Witness