San Antonio Urology Medical Group

1175 East Arrow Highway Suite E

Upland, CA 91786

Telephone: (909) 985-9737

Fax: (909) 981-1203

Medical Records Release

Patients Name: ______________________________

Address: ______________________________

Date of Birth: ______________________________

SSN #: ______________________________

Faculty/Doctor's Name: ______________________________

Address: ______________________________

City: ____________________ State: ________ Zip Code: ____________

Phone Number: ______________________________

By signing this form, I am requesting all of my medical records, including any laboratory or X-ray results, be forwarded to the above facility. If requesting records from our office, only records from San Antonio Urology will be sent. I understand that it may take up to 10 business days to complete this request.

I request that these records be:

Faxed : ______________________________

Mailed: ______________________________

Picked up: ______________________________

Patient's/Legal Guardian Signature: ______________________________

Todays Date: ______________________________