

SOUTH BAY SPORTS AND PREVENTIVE MEDICINE ASSOCIATES, INC.

Authorization to Request Medical Records

I hereby requesting my medical records be provided to:

SOUTH BAY SPORTS AND PREVENTIVE MEDICINE ASSOCIATES, INC.
455 O' Connor Drive, Suite 150
San Jose, CA 95128
(408)293-7767
(408)294-6595 fax

Please print: Patient Name: _____

Address: _____

DOB: _____

Specific Request:

This Authorization is effective as of this date: _____

Signature of Patient or Patient Representative – indicate relationship