

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

Authorization to Release Medical Records

I hereby authorize a release of my medical information to:

Physician or Hospital: _____

Address: _____

Phone: _____

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