



**Pre-Appointment Medical Records Release**

1941 Johnson Avenue Suite 101 San Luis Obispo, CA 93401

805-782-8844 x508 phone 805-782-8859 fax

*Instructions: Any facility that has records will need to receive a completed, signed records release. Please fill in the blanks below and send one to each facility. You may also return completed forms to Coastal Cardiology and we will send them on your behalf.*

**To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have an appointment at Coastal Cardiology on \_\_\_\_\_ that requires medical records. Please send the following records in a timely manner:

- Cardiology records
- Recent Labs
- Hospitalizations
- Other records relevant to cardiac consultation

**Send To: Coastal Cardiology Attn: Medical Records  
1941 Johnson Ave Ste 101 San Luis Obispo, CA 93401  
OR fax them to 805/782-8859**

My information is

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Account # (if known): \_\_\_\_\_
- Phone: \_\_\_\_\_

I understand this information may be shared in paper or electronic format, may include documentation of alcohol abuse, psychiatric conditions, drug abuse or communicable disease ( check here to request the exclusion of all confidential information), this authorization expires one (1) year after it is signed, a copy of this authorization is as a valid as the original and I have a right to a copy of this document.

☞ \_\_\_\_\_  
**Patient/Personal Representative's Signature** **Date**

**☞ If you are not the patient, documentation of your signatory authority is needed. Print your name \_\_\_\_\_ and indicate your relationship:**

- Parent/Guardian  Beneficiary/Conservator/Representative  Other: \_\_\_\_\_.

*This release is in 14-point font per Cal Civ Code §56.11.*