



# TEMPLETON IMAGING, Inc.

262 Posada Lane, Suite C, Templeton, CA 93465  
(805) 434-1491 f: (805) 434-3591 | [www.templetonimaging.com](http://www.templetonimaging.com)

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
First Middle Last

AKA (also known as) \_\_\_\_\_

Date of Birth \_\_\_\_\_ hereby authorize:

LOCATION / FACILITY:

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to furnish all xrays and reports requested below to:

### TEMPLETON IMAGING, INC.

P.O. BOX 489/ 262 POSADA LANE, SUITE C  
TEMPLETON, CA 93465

PHONE: (805) 434-1491 FAX: (805) 434-3591

EXAMS AND REPORTS REQUESTED:

All Mammo Films and Reports  Other \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Witness: \_\_\_\_\_