Barbara A. Hrach, MD FACP
Internal Medicine
1824 State Street
Santa Barbara, CA. 93101
Phone: (805) 898-0500 Fax: (805) 898-0501

Medical Records Release From our Facility

Medical Practice/ Doctor Information: for whom I am requesting my records be released from.

Name: Barbara A. Hrach, MD FACP *Internal Medicine*
Address: 1824 State St. Santa Barbara, CA. 93101
Phone: (805) 898-0500______
Fax: (805) 898-0501_____

To Whom It May Concern:

Please release my medical records to:

Medical Practice/ Doctor Information: for whom I am requesting my records be released to.

Name: ______________________________________
Address: ______________________________________
____
Phone: _(_____)_________-___________
Fax: _(_____)_________-___________

Patient Information:

Name: ______________________________________
Address: ______________________________________
____
Phone: _(___)______-__________
Fax: _(___)______-__________
Social Security #:______/______/_________

Date Of Birth
/ /

Patient Signature: ______________________________________**Date:** ___/_____/_____