

**Santa Barbara Doctor**  
**Barbara A. Hrach, M.D., FACP**  
**Virginia Pagenkopf F.N.P**

*Internal Medicine*

229 W. Pueblo St. Santa Barbara, CA 93105

(805) 898-0500

[www.santabarbaradoctor.net](http://www.santabarbaradoctor.net)

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**Medical Records Release From our Facility**

**From whom I am requesting my records be released:**

**Barbara A. Hrach, MD *Internal Medicine***

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Phone: (805) 898-0500 Fax: (805) 898-0501

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**To whom I am requesting my records be released:**

**Medical Practice/Doctor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth

/ /

**Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**