

**Santa Barbara Doctor**  
**Barbara A. Hrach, M.D., FACP**  
**Karina Garcia, M.D.**

*Internal Medicine*  
229 W. Pueblo St. Santa Barbara, CA 93105  
(805) 898-0500  
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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***  
229 W. Pueblo St. Santa Barbara CA 93105  
Phone: (805) 898-0500 Fax: (805) 898-0501

**Karina Garcia, MD *Internal Medicine***  
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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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_