TEMPLETON IMAGING, Inc.

262 Posada Lane, Suite C
Templeton, CA 93465

Selma Carlson Diagnostic Center

77 Casa Street, Suite 102
San Luis Obispo, CA 93405

Medical Records Release

Patient Name: _____ JKT#: _____

DOB: _____

If you would like us to release your results and/or imaging studies and reports to a family member or third party please fill out and sign below.

I further authorize the disclosure of my radiology medical records from Templeton Imaging, Inc. to the following third party individual(s).

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

I understand that I will be charged $10.00 per sheet of film and/or $15.00 per CD for any further sets.

Patient (or Guardian) Signature: _____