EAST BAY PSYCHOPHARMACOLOGY GROUP
2305 Camino Ramon . Suite 221 . San Ramon . CA . 94583
TEL (925) 264-4069 . FAX (925) 277-1116
EBPGoffice@comcast.net . www.EastBayPharm.com

Consent to Release and Exchange Information

Patients First Name_____ Last Name_____

Is Patient over 18 years old?_____

If no, Guardian's Name_____

I am requesting you to provide all pertinent medical information about the patient listed above to East Bay Psychopharmacology Group. This information may be in electronic from such as a PDF file sent via email (ebpgoffice@comcast.net) or by hard copy mailed to above address.
I am giving my consent to both parties to share and exchange information as appropriate for the care of the patient.

Professional _____ _____

Business Name_____

Address _____ City _____

State, Zip _____Phone _____ Email_____

Signature of Patient (if over 18 years of age) _____

Signature of Guardian _____Date _____