

UROLOGIC  
SURGEONS OF  
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Adult Urology  
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Urinary Stone Disease  
Urologic Oncology  
Impotence  
Urinary Infection  
Voiding Disorders

## MEDICAL RECORDS RELEASE

Date: \_\_\_\_\_

To: \_\_\_\_\_

Please release my medical records to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

any information, including diagnosis and records of treatment or  
examination, rendered to me during the period from \_\_\_\_\_  
to \_\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Witness