

UROLOGY GROUP, P.A.
FOUR GODWIN AVENUE
MIDLAND PARK, NEW JERSEY 07432

201-444-7070 FAX: 201-444-7228

HOWARD L. FREY, M.D., F.A.C.S.
WAYNE R. deTORRES, M.D., F.A.C.S.

RICHARD D. BAUM, M.D., F.A.C.S.
VICTOR HARTANTO, M.D., F.A.C.S.

TIMOTHY J. MACKEY, MD.
SAURABH AGARWAL, M.D., F.A.C.S.

PEDIATRIC AND ADULT UROLOGY

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Social Security Number: _____

Send Records to:

Physician Name: _____

Address: 4 Godwin Ave. _____

City: Midland Park _____ State: NJ _____ Zip Code: 07432 _____

Phone Number: 201-444-7070 _____ Fax Number: 201-444-7228 _____

Release Records From:

Physician Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Records Requested:

_____ Complete Medical Records _____ X-Rays

_____ Lab Reports _____ Other

I authorize the release of my medical records to _____ from the physician and/or group who is named above. I release the above named physician and/or group from all legal responsibility or liability that may arise from the authorization.

Signature of Patient

Date

Signature of Witness

Date