PINSON UROLOGY
AND PELVIC HEALTH CENTER

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Main Office
744 W. Michigan Ave
Suite 300
Jackson, MI 49201

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744 W. Michigan Ave
Suite 301
Jackson, MI 49201

Adrian Location
770 Riverside Ave
Suite 205
Adrian, MI 49221

REQUEST FOR RELEASE OF MEDICAL RECORDS

FROM: _____

ADDRESS: _____

RECORDS REQUESTED:

____ ALL RECORDS

____ ALL UROLOGICAL RECORDS

____ ALL X-RAY AND LAB RESULTS

____ ALL OPERATIVE REPORTS

____ OTHER (Please Specify)

_____

_____

I hereby authorize my medical records to be released
TO: Pinson Urology FROM: the Above Specified person or persons.

Patient Name: _____ DOB: _____

Patient's Signature: _____

Date of Signature: _____