urological associates inc.

ST. MARY'S MEDICAL GROUP

920 S. Hebron Ave.
Evansville, IN 47714
Phone (812) 473-1111 Fax (812) 485-2461

Authorization to Release Information

Bill J. Samm, M.D., FACS, Phillip M. Gilson, M.D., FACS, Michael K. Zenni, M.D., FACS
Todd D. Renschler, M.D., FACS, Thomas M. Gadient, M.D., FACS, Michelle A. Boger, M.D., FACS

TO WHOM IT MAY CONCERN:

This will authorize: _____
(Fill in name of person and facility who is to release information)
To release information contained on my medical record including all treatment records.
_____
_____

Purpose or need for disclosure: _____

Extent or nature of information to be disclosed:
_____
_____

PATIENT IDENTIFICATION INFORMATION:

Name of Patient: _____

Birthdate: _____ Attending Physician: _____

Current Address: _____

It is understood that this consent is subject to revocation by me at any time except to the extent that action already has been taken to release this information. It is understood that this consent will expire in sixty days.

_____ _____
Date Signed Print Patient Name

_____ _____
Signature of Patient Signature of Parent or Guardian

_____
Witness