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Attention Medical Records

For Dr. _____

Address: _____

Fax #: _____

Please accept this request as authorization to provide a copy of medical records for the below identified patient to be sent to Brandywine Urology Consultants so that proper care and diagnosis can be provided.

I, _____ hereby request my medical records, which include any laboratory studies, medical studies, operative reports, pathology reports, x-rays, special studies, etc., to be sent to:

**Brandywine Urology Consultants
2000 Foulk Road
Suite F
Wilmington, DE 19810**

Patients Name: _____

DOB: _____ SS#: _____

Patient Signature

Date