

EL CAMINO UROLOGY MEDICAL GROUP, INC.

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RECORDS RELEASE

Date: _____

To: _____ Attention: _____

I am now a patient of:

- Larry H. Kretchmar, M.D.
- Sari R. Levine, M.D.
- Frank C. Lai, M.D.
- Edward Karpman, M.D.
- Wesley G. Kong, M.D.

Please send the following to the above address:

- My urologic x-ray films including any pyelograms or cystograms.
- A brief summary of my urologic history including diagnoses, treatment, laboratory studies, and x-rays.
- A brief summary of my medical history including diagnoses, treatment, laboratory studies, and x-rays.

Patient Name (Please Print.): _____

Phone #: _____ Date of Birth: _____

Signature: _____ Date: _____

If relative, print your name and state relationship.