



333 Forsgate Drive, Suite 202, Jamesburg, NJ 08831
732-561-2058
Fax 732-561-2061

Medical Records Release Authorization

To: _____

I hereby authorize and request you to release my medical records to:

Steven L. Richards, M.D.
Urology Care Alliance
333 Forsgate Drive
Suite 202
Jamesburg, NJ 08831

Please send my complete history of medical records from _____ to _____.

Name _____ Date of Birth _____

Address _____

Signature _____ Date _____

Witness _____ Date _____