

ATLANTIC COAST UROLOGY, PA
UROLOGY AND GENITOURINARY SURGERY
Matthew S. Tobin, MD, FACS

RECORDS RELEASE AUTHORIZATION

TO: ATLANTIC COAST UROLOGY, PA

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

**TO COMPLETE HISTORY AND TEST RESULTS CONCERNING MY ILLNESS
AND/OR TREATMENT DURING THE FOLLOWING PERIOD:**

PERIOD FROM:

TO:

NAME:

ADDRESS:

SIGNATURE:

DOB:

WITNESS:

Today's Date:
