



James Cord, MD
Michael A. Chasin, MD
Katrina Steinberger, NMD
10238 E. Hampton Ave. Ste. 402
Mesa, AZ 85209
Ph # 480-380-7897
Fax # 480-380-9509

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I request and authorize _____
(place from which we will obtain records)

to release healthcare information of the patient named above to:

Accurate Urology
10238 E. Hampton Avenue, Suite 402
Mesa, AZ 85209
FAX: 480-380-9509

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Patient Signature: _____ Date signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.