North Texas Pediatric Urology Associates
Dr. David Ewalt ☙ Dr. Israel Nosnik ☙ Dr. William Strand
8315 Walnut Hill Lane, Suite 205, Dallas, TX 75231 ☙ 214-750-0808 ☙ Fax 214-750-6341
4001 W. 15th Street, Suite 300, Plano, TX 75093 ☙ 214-750-0808 ☙ Fax 214-750-0120

Authorization for the Release of Medical Records
from North Texas Pediatric Urology Associates

Patient Name: _____

Patient Date of Birth: _____

This authorizes North Texas Pediatric Urology Associates to provide a copy, summary, or narrative copy of my medical records (as indicated by the checkmark(s) below) or otherwise release confidential information including records related to medical research. I understand that this information may include, but is not limited to physical/emotional illnesses, past medical history, diagnosis, complications and recommendations, prognosis and evaluation and treatment records of alcohol or drug abuse.

_ Complete medical record
_ Records of care from the following dates: _____ to _____.
_ Specific reports:
_____ Pathology _____ Operative report _____ Discharge Summary _____ X-ray Report dated: _____
Other: _____

HIV/AIDS: I consent to the release of any positive or negative test result for AIDS or HIV infection, antibodies to AIDS or infection with any other causative agent of AIDS with the rest of my medical records.

Initial: _____ Date: _____

Release to the following person(s):

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Fax: (_____) _____

The reason or purpose for this release of information is as follows:

_____

Patient Signature: _____ Date: _____

Personal Representative: _____ Date: _____

Valid Through: _____