



# Middlesex Urology

**RICHARD O. FRINK, M.D.**  
**TIMOTHY C. SIEGRIST, M.D.**

**EDWARD G. MYER, M.D.**  
**DANA U. KIVLIN, D.O.**

520 SAYBROOK ROAD, SUITE 100B  
MIDDLETOWN, CT 06457  
TELEPHONE 860-347-8850  
FAX 860-347-6774

6 WILDWOOD MEDICAL CENTER  
ESSEX, CONNETICUT 06426  
TELEPHONE 860-767-2003  
FAX 860-767-7430

## RECORD RELEASE

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

I hearby authorize \_\_\_\_\_ to release my  
medical records to Middlesex Urology P.C.

- |   |  |
|---|--|
| <input type="checkbox"/> Office Notes             | <input type="checkbox"/> Imaging Studies (X-Ray, CT, MRI, PET, etc.) |
| <input type="checkbox"/> Laboratory Reports       | <input type="checkbox"/> Surgical Reports                            |
| <input type="checkbox"/> Pathology/Biopsy Reports | <input type="checkbox"/> <b>Entire Medical Record</b>                |

From the time period of \_\_\_\_\_ to \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_