

UROLOGIC SURGERY ASSOCIATES, P.A.

GENERAL UROLOGY AND UROLOGIC ONCOLOGY

BRADLEY E. DAVIS, M.D., F.A.C.S

WM. TODD JOHNSON, M.D.

ANDREW B. MORRIS, DO

ERIC M. DEROO, MD

REQUEST FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

REQUESTING RECORDS FROM:

Urologic Surgery Associates, PA

(Name of Facility/Physician)

10550 Quivira Road, Ste 105, Overland Park, KS 66215

(Address, City, State, Zip Code)

(913) 438-3833

(Phone Number)

(913) 438-3832

(Fax Number)

I hereby request that my medical records be released to:

(Name of Facility/Physician)

(Address, City, State, Zip Code)

(Phone Number)

(Fax Number)

(Patient Signature)

(Date)

(Witness)

**There will be a fee for all Medical Records.

OVERLAND PARK OFFICE
10550 QUIVIRA ROAD, SUITE 105
OVERLAND PARK, KS 66215
(913) 438-3833 – 438-3832 FAX

SAINT LUKE'S OFFICE
12332 METCALF AVE, SUITE 100
OVERLAND PARK, KS 66213
(913) 951-3403 – (913) 951-3406 FAX

OLATHE OFFICE
20375 W. 151ST ST. SUITE 201
OLATHE, KS 66061
(913) 782-2020 – 782-7851 FAX