

MEDICAL RECORDS RELEASE AUTHORISATION

I hereby authorise and request you release a complete copy of my medical records to:

Name of Patient:

Address of Patient:

Signature of Patient:

Date:

Hospitals

St. George Private
Hurstville Private
Kareena Private
Kingsway Day Surgery

Specialising in

Robotic &
Open Prostate Surgery

Oncology

Laparoscopy

Urolithiasis

Endourology
Minimally
Invasive Surgery

Incontinence

Urodynamics

Infertility

Erectile Dysfunction

Vasectomy &
Vasectomy Reversal

Consulting at

Hurstville
Miranda
St. Leonards



PROSTATE CANCER INSTITUTE