

Landmark Urology & Complementary Medicine, P.A.

Request for Medical Records

By signing this authorization, I authorize:

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Landmark Urology & Complementary Medicine, P.A.  
3200 Blue Ridge Road, Suite 118  
Raleigh, North Carolina 27612-8008  
Phone #919-571-4399 Fax # 919-571-7627

To release my medical records to:

\_\_\_\_\_  
Name of Doctor or Entity

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone and Fax numbers

Signed by \_\_\_\_\_  
Print Name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

Relationship to Patient

\_\_\_\_\_

\_\_\_\_\_  
Patient's Name

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name of Patient or Legal Guardian