



MIDLANTIC UROLOGY PATHOLOGY LAB
211 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406
PHONE #: 484-381-8030

**RELEASE OF PATIENT MATERIAL(S) FROM MIDLANTIC UROLOGY/ACADEMIC UROLOGY/ UROLOGY
HEALTH SPECIALISTS LLC PATHOLOGY LAB**

FAX TO: MIDLANTIC UROLOGY PATHOLOGY LAB

FAX #: 484-381-8038

DOCTOR/FACILITY WHERE SLIDES ARE TO BE SENT: _____

ADDRESS WHERE SLIDES ARE TO BE SENT: _____

PHONE NO.: _____ FAX NO.: _____

To Whom It May Concern:

We are forwarding the following material(s)

For Patient: _____ DOB: _____

Accession Number: _____

Type of Material: Original Slides _____ Recuts _____ Quantity _____

Other (Specify): _____

THE ENCLOSED MATERIALS ARE DIAGNOSTIC AND ARE REQUIRED TO BE RETURNED WITHIN 30 DAYS
FOLLOWING YOUR REVIEW.

Please return a copy of this letter to the fax no. above. Thank you in advanced for your cooperation.

I, _____, authorize the release of my pathology slides/blocks from
MidLantic Urology / Academic Urology / Urology Health Specialists LLC Pathology Lab to the facility
listed above. I understand that it is my responsibility to return them to MidLantic Urology Pathology Lab
to the address above.

Patient's Signature Date

Patient's Address

Patient's Phone Number