



P A T I E N T R E C O R D R E L E A S E

Date:

I \_\_\_\_\_, hereby authorize release of my Pathology Report or

Pathology Report and slides; Pathology Case #: \_\_\_\_\_ to:

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name