



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