

**UROLOGIC SURGERY ASSOCIATES, P.A.**

GENERAL UROLOGY AND UROLOGIC ONCOLOGY

BRADLEY E. DAVIS, M.D., F.A.C.S

WM. TODD JOHNSON, M.D.

ANDREW B. MORRIS, DO

ERIC M. DEROO, MD

REQUEST FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

REQUESTING RECORDS FROM:

Urologic Surgery Associates, PA

(Name of Facility/Physician)

10550 Quivira Road, Ste 105, Overland Park, KS 66215

(Address, City, State, Zip Code)

(913) 438-3833

(Phone Number)

(913) 438-3832

(Fax Number)

I hereby request that my medical records be released to:

\_\_\_\_\_  
(Name of Facility/Physician)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\*\*There will be a fee for all Medical Records.

**OVERLAND PARK OFFICE**  
10550 QUIVIRA ROAD, SUITE 105  
OVERLAND PARK, KS 66215  
(913) 438-3833 – 438-3832 FAX

**SAINT LUKE'S OFFICE**  
12332 METCALF AVE, SUITE 100  
OVERLAND PARK, KS 66213  
(913) 951-3403 – (913) 951-3406 FAX

**OLATHE OFFICE**  
20375 W. 151<sup>ST</sup> ST. SUITE 201  
OLATHE, KS 66061  
(913) 782-2020 – 782-7851 FAX