

**NORTH IDAHO UROLOGY**

**Charles L. Gates, Jr., M.D.**  
**Matt D. McLaughlin, D.O.**  
**Randil L. Clark, M.D.**  
**Edward D. Ellison, M.D.**

**980 W Ironwood Dr. Suite 104**  
**Coeur d'Alene, ID 83814**  
**Phone 208-667-0621**  
**Fax 208-664-1709**

**Records Release**

Patient Name: \_\_\_\_\_

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

Patient Birth Date: \_\_\_\_\_

I HEREBY REQUEST THAT YOU RELEASE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A REPORT OF MY DIAGNOSIS, TREATMENT, PROGNOSIS AND RECCOMENDATIONS, AS WELL AS OTHER DATA PERTINENT TO MY TREATMENT.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness