

SACHEDINA UROLOGY

Robotic and Minimally Invasive Surgery
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University of Miami Medical School (2009)
University of Pennsylvania Urology (2014)

DATE: _____

I HEREBY REQUEST COMPLETE COPIES OF MY MEDICAL RECORDS
(PHYSICIAN NOTES, X-RAY DIAGNOSTIC REPORTS, LAB WORK, ETC) TO BE RELEASED
TO:

SACHEDINA UROLOGY
1670 NORTH UNIVERSITY DRIVE
SUITE A
CORAL SPRINGS, FL 33071

PATIENT'S NAME (PRINTED)

PATIENT'S SIGNATURE

PATIENT'S DATE OF BIRTH

THANK YOU IN ADVANCE FOR YOUR PROMPT RESPONSE TO THIS REQUEST.

SINCERELY YOURS,

AZEEM M. SACHEDINA, M.D.P.A.

NASHEER SACHEDINA, M.D.

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