

Male Release of Medical Records Consent Form

Please fill out this form and send to your physician BEFORE your appointment. For men over age 50, it is MANDATORY for your William B. Miller, D.O, /Cheryl Felt, MSN, APN-C to have your current PROSTATE RECTAL EXAM REPORT and current PSA REPORT prior to your appointment.

Date: _____

To:

Your Doctor's Name

Address

City State Zip

Phone: (____) ____ - ____

Fax: (____) ____ - ____

I, _____, Authorize _____
(Your Name) (Your Doctor's Name)

I am authorizing **Virapel** to obtain my protected health information (PHI) related to me from the **last 2 years only**, (PHI) under a federal health privacy law.

Please check all that apply:

- Prostate Rectal Exam Report
 PSA Report
 Any Hormone Lab Results

Print Name

Date of Birth

Patient Signature

Date

**Report can be sent to: Virapel- WBM Medical Associates, LLC
Attn: Joan Mills, Office Administrator
602 Sheppard Road, Voorhees, NJ 08043
Or Fax to: 856-751-2106**

If you have copies of these reports bring them in when you come for your visit.