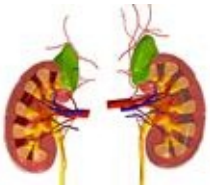

Memphis Nephrology Associates

6005 Park Avenue,Suite : 825 B
Memphis , TN 38119
Phone - 901 767 4798, 901 767 4799
Fax - 901 767 4058

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

I hereby authorize and request Memphis Nephrology Associates (check one) to

_____ Release records to the facility listed below.

_____ Obtain records from the facility listed below.

Facility or Physician Name:_____

***Address*:**_____

_____

Phone:_____ ***Fax:***_____

Medical records requested for release are during the period starting from _____ to _____.

Patient Name:_____

Date of Birth:_____

Signature:_____ ***Date:***_____

Witness:_____ ***Date:***_____

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