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Diplomates of the
American Board of Urology

To:

Patient Name:

Address:

D.O.B.:

Please release all medical records that you have on file to, Joseph V. Candela MD . Please send the records to:

**7500 Smoke Ranch Rd
Suite 200
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If you have any questions please contact our office at the number listed.

Patient Signature

5/4/2009
Date

Witness

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