

**Pathology Laboratories Berlin
Specialized in Prostate Pathology**

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Medical Release Form

Date: _____

To: _____

Doctor or Laboratory Full Mailing Address

Item	Information
Patient's Name	_____
	Last name, First name
Date of birth	_____
	Year, Month, Day
Address	_____
	Street, City, Zip Code
Phone	_____
	(Area code) phone number
Fax	_____
	(Area code) fax number
E-mail	_____
Path Specimen No.	_____
	Indicate biopsy (Bx) and/or radical prostatectomy (RP)

To Whom It May Concern:

I am requesting that your laboratory or department send the pathology slides and tissue blocks from the prostate biopsies and/or radical prostatectomy to Dr. Helmut Bonkhoff for a second opinion. Dr. Bonkhoff's mailing address is:

Dr. Helmut Bonkhoff
Prof. of Pathology
Tietzenweg 129
12203 Berlin
Germany

All pathology reports relevant to this request are included in this transmission. Please note that pathology slides and tissue blocks will be promptly returned to you by Dr. Bonkhoff.

Please ship the pathology material to Dr. Bonkhoff via Federal Express or DHL. Dr. Bonkhoff will reimburse the sending laboratory any expenses related to shipping costs.

Thank you in advance.

Patient's signature

Patient's printed name

Date