UROLOGY ASSOCIATES
OF CENTRAL CALIFORNIA
MEDICAL GROUP, INC.

7014 N Whitney
Fresno, CA 93720
Telephone: (559) 321-2800
Fax: (559) 321-2780

Patient Testimonial Form

Thank you for taking the time to share your experience with Urology Associates of Central California. We value and appreciate your comments. Your testimonial may serve as inspiration and encouragement for others who are suffering from Urologic issues.

First Name_____ Last Name_____

Preferred contact method (phone # or e-mail address)_____

Reason for treatment at UACC:

_____
_____
_____

How did Dr. Leung help you? How was your daily life improved?

_____
_____

When it comes to medical care, what sets Dr. Leung apart from other healthcare providers?

_____
_____
_____

What do you consider to be the most valuable aspect of your experience with us?

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_____

What would you say to a friend who was looking for a doctor, about Dr. Leung and the staff at Urology Associates of Central California?

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Consent to Release

I hereby authorize Urology Associates of Central California to use my testimonial and any information in the testimonial, including my name, in its public relations efforts.
I understand that I am providing the testimonial information to Urology Associates and that my treating healthcare provider will not be providing any protected information to the media or the public, including private healthcare information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).
I waive the right of prior approval hereby release Urology Associates of Central California from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By signing below I agree and acknowledge that I have read and understood the above release and agree to all terms described. I am of legal age and freely sign this consent to Release my Patient Testimonial.

_____
Signature

_____
Print Name

_____
Date