



## Medical Records Release Form

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

For the patient named below:

Date of Birth: \_\_\_\_\_

First and Last Name

MM / DD / YYYY

A request for a copy of the medical records, as indicated below, be sent to:

Affiliated Dermatology®  
20401 N. 73<sup>rd</sup> Street, Suite 230  
Scottsdale, Arizona 85255  
480-556-0446 phone  
480-556-0447 fax  
medicalrecords@affderm.com

Please send a copy of the following (check all that apply):

- ☐ Complete Medical Record (including outside providers)
- ☐ Biopsy Report(s)
- ☐ Pathology Slide(s)
- ☐ Lab Report(s)
- ☐ Consultation Report(s)
- ☐ Medication Allergies
- ☐ Allergy Test/Treatment
- ☐ Surgical Procedures
- ☐ Other: \_\_\_\_\_

Requested By: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**This authorization for medical records release expires 90 days from date of signature.**

Confidentiality Notice: This page and any accompanying documents contain confidential proprietary and trade secret information intended for a specific individual and purpose. This telecopied or digital information is private and protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, or distribution, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately.

20401 N. 73<sup>rd</sup>s  
Steet  
Suite 230  
Scottsdale, AZ  
85255

13995 W. Statler  
Blvd  
Suite 150  
Surprise, AZ  
85374

41810 N.  
Venture Dr  
Suite D-136  
Anthem, AZ  
85086

19646 N. 27<sup>th</sup>  
Avenue  
Suite 305  
Phoenix, AZ  
85027

9520 W. Palm  
Lane  
Suite 115  
Phoenix, AZ  
85037

2127 E.  
Baseline Road  
Suite 104  
Tempe, AZ  
85283

7331 E  
Osborn Drive  
Suite 330  
Scottsdale, AZ  
85251

1459 S. Higley  
Road  
Suite 106  
Gilbert, AZ  
85296