Affiliated Dermatology
Experts in Skin Disease Treatment & Prevention

Medical Records Release Form

For the patient named below:

First and Last Name **Date of Birth (MM / DD / YYYY)**

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

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.

20401 N. 73rds 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. 27th 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