



Access Dermatology & Spa

Medical and Cosmetic Skin Care
Convenient, Comprehensive and Accessible

563-A Neff Avenue,
Harrisonburg, VA 22801
Phone: 540-434-1756
Fax: 540-434-1840

MEDICAL RECORDS RELEASE OF INFORMATION REQUEST

Patient Name: _____

Previous Name: _____

Address: _____

City, State & Zip Code: _____

Date of Birth: _____

Social Security #: _____

Phone #: _____

I, _____ authorize _____, to release information concerning the patient identified above in accordance with state and federal laws, to Access Dermatology, PC, 563-A Neff Avenue, Harrisonburg, VA 22801, (540) 434-1756 (phone), (540) 434-1840 (Secure Fax).

Patient or Legal Representative's Signature

Date

Patient name printed

Witnessed by

- | |
|--|
| <p>The following are also requested with release of medical information:</p> <p>_____ Pathology Report</p> <p>_____ Lab Report</p> <p>_____ Photo</p> <p>_____ Medical Records for last office visit</p> <p>_____ All Past Medical Records</p> |
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