HEALTHYSKIN DERMATOLOGY MEDICAL& COSMETIC

Mailing Address: 1595 E. River Road, Suite 201, Tucson, AZ 85718
Phone: (520) 293-5757 Ext. 7307 Fax: (520) 620-9195 Attn: Joy
Email: medical_records@hsdermatology.com

Medical Records Release Form

REQUESTING RECORDS

FROM DR/FACILITY: _____

Address: _____

City:_____State:_____Zipcode:_____

Phone #:_____ Fax#: _____

To release my records and all information including the diagnosis and records of any treatment or examination rendered to me:

The following records during the period _____ through _____ :

- ☐ All
- ☐ Consultation/Progress Reports
- ☐ Laboratory/Pathology Reports
- ☐ Operative Reports/Images
- ☐ Medication List

Send Records To:

Name: _____

Address: _____

City:_____State:_____Zipcode:_____

Phone #: _____ Fax #: _____

Print Name **Date of Birth** Date

Patient / Guardian Signature

*Please note: We will make every attempt to process your request as soon as possible, however it **may take up to three weeks.**

HEALTHY SKIN
DERMATOLOGY MEDICAL& COSMETIC

Staff Initials:_____