



HEALTHY SKIN

DERMATOLOGY MEDICAL & COSMETIC

Mailing Address: 1595 E. River Road, Suite 201, Tucson, AZ 85718
Phone: (520) 293-5757 Ext. 7307 Fax: (520) 293-7358
Email: medical_records@hsdermatology.com

Medical Records Release Form

I hereby authorize: _____

Address: _____

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: _____

Phone #: _____ Fax #: _____

Reason for requesting records: _____

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.**



Additional Notes:

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