



Treatment of Skin Diseases
Dermatologic Surgery & Laser

6000 Turkey Lake Rd. • Suite 110 • Orlando, FL 32819
Phone: (407) 351-1888 Fax: (407) 226-9804

MEDICAL RECORDS RELEASE

I, _____ (DOB ____/____/____) herein
Patient Name

request of: *(Please check one)*

- Orlando Dermatology** **OR** _____
6000 Turkey Lake Road, Suite 110
Orlando, FL 32819
Phone: (407) 351-1888
Fax (407) 226-9804

(Physician's Name, Address, Phone/Fax Number)

to forward a copy or summary of the following medical records:

- COMPLETE MEDICAL RECORDS
- PATHOLOGY REPORTS
- LAB REPORTS
- CONSULTATION REPORT
- ALLERGY TEST/TREATMENT
- SURGICAL PROCEDURES

For dates of service: _____ to _____

To: *(Please check one)*

- Orlando Dermatology** **OR** _____
6000 Turkey Lake Road, Suite 110
Orlando, FL 32819
Phone: (407) 351-1888
Fax (407) 226-9804

(Physician's Name, Address, Phone/Fax Number)

Patient/Representative Signature

____/____/____
Date

Witness Signature

____/____/____
Date