



Experts in Skin Disease Treatment & Prevention™

480.556.0446 • f 480.556.0447  
www.affderm.com

### MEDICAL RECORDS RELEASE

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_ (DOB: \_\_\_\_\_)  
am requesting that a copy of my medical records, as indicated below, be sent to:

**Affiliated Dermatology®**  
20401 N. 73rd St., Ste. 230  
Scottsdale, Arizona 85255  
480-556-0446 phone  
480-556-0447 fax

**Please send a copy of the following types of medical records:**

- Complete Medical Record
- Biopsy Report(s)
- Pathology Slide(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Complete Medical Records including Outside Providers
- Other \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Witness Signature Date

**This authorization for medical records release expires 90 days from date signed.**

Confidentiality Notice: This page and any accompanying documents contain confidential, proprietary and trade secret information intended for a specific individual and purpose. This telecopied information is private and protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately.