DERMATOLOGY PHYSICIANS, INC.

203 NORTH LIME ST, LANCASTER, PA 17602
717-392-6267 FAX 717-392-6059

RECORDS RELEASE REQUEST

I authorize Dermatology Physicians, Inc. to:

☐ Release Medical Records to:

☐ Obtain Medical Records from:

Name

Address

Phone Number Fax Number

EXPIRATION DATE FOR WHICH THE REQUEST WILL EXPIRE _____

Please Read

Your records may contain:

1. HIV related information
2. Drug and Alcohol related information
3. Psychiatric Information

Patient Name (Printed) Date of Birth

Patient Signature Date