



palm beach dermatology, inc.

DIPLOMATES OF THE AMERICAN BOARD OF DERMATOLOGY  
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### Medical Records Release

I, \_\_\_\_\_, request that you release copies of my medical records, pathology reports, and laboratory reports, including HIV results if available.

Please forward these records to my physician at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation.

Sincerely,

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

Print Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_