

ALAMANCE SKIN CENTER

DAVID C. KOWALSKI, MD

TARA L. STEWART, MD

DAWN E. KLEINMAN, MD

1734 Westbrook Avenue • Burlington, NC 27215 • (336) 584-5801 • fax (336) 584-5860
www.alamanceskincenter.com

MEDICAL RECORDS RELEASE

By signing below, I authorize the release of my medical records as follows:

OBTAIN RECORDS FROM:

SEND RECORDS TO:

(name of medical facility)

(name of medical facility)

(address)

(address)

(address)

(address)

(phone and fax)

(phone and fax)

Complete Medical Record

Biopsy Report (s)

Lab Report(s)

Surgical Procedures

All records for dates of service _____ to _____

Other _____

Additional Comments: _____

Patient Name (please print)

Date of Birth

Signature (guardian must sign if patient is minor)

Date

Signature of Witness

Date

(Internal Office Use)

Date: _____

Faxed

Mailed

Gave to patient

Revised: 6/26/2015