

# BEACHES DERMATOLOGY

www.beachesdermatology.com

Clarence E. Boudreaux, M.D.  
Dermatology & Dermatologic Surgery  
Certified American Board of Dermatology

Russell D. Metz, M.D.  
Dermatology & Dermatologic Surgery  
Certified American Board of Dermatology

## Request for Release of Medical Records

Patient name: \_\_\_\_\_  
SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I request a copy or summary of the following medical records:

- Complete Medical Records
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication/Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other

I hereby authorize/request Beaches Dermatology to release my medical records to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature Date

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ via mail

\_\_\_\_\_ via facsimile

103 Solana Road • Ponte Vedra Beach, FL 32082 • 904.273.2717 • FAX 904.273.0410

1545 South 14th Street • Fernandina Beach, FL 32034 • 904.261.7500 • FAX 904.261.2166

• St. Augustine, FL 32092 • 904.808.7107 •