



Robin R. Blum, MD, FAAD  
Medical & Cosmetic Dermatology

200 Central Park South  
Suite 108  
New York, NY 10019  
www.CPSDerm.com  
(212) 969-9655 | Fax (212) 969-9665

## MEDICAL RECORDS RELEASE FORM

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby authorize Dr. Robin Blum and Central Park South Dermatology to release healthcare information for the above patient to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

- Complete Medical Record
- Pathology Report(s)
- Lab Report(s)
- Office Note(s)
- Surgical Procedure(s)
- Other \_\_\_\_\_

For the dates of service from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Patient's Name

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

\_\_\_\_\_  
Date