MIDWEST DERMATOLOGY

☐ 3060 N Arlington Heights Road
Arlington Heights, IL 60004
Tel: 847-394-1202
Fax: 847-394-3674

☐ 159 S. Bloomingdale Road
Bloomingdale, IL 60108
Tel: 630-529-5950
Fax: 630-529-6286

REQUEST TO RELEASE MEDICAL RECORDS TO MIDWEST DERMATOLOGY

DATE:_____

RECORDS FROM DR._____

_____

_____

REGARDING PATIENT: _____**DOB:** _____

To aid in continuing with treatment, we would appreciate the following information from your records:

_____LAB RESULTS ☐ Most recent ☐ All
_____BIOPSY REPORT
_____OPHTHALMOLOGY EXAMINATION
_____GENERAL RESUME (Dates) _____ to _____
_____OTHER (Specify) _____

Thank You,

☐ S. Bangash, DO
☐ S. Carter, MD
☐ J. Delis, DO
☐ A. Jabbar, MD
☐ B. Chittineni, MD
☐ C. Go, PA-C

I authorize release of the above information to Midwest Dermatology .

SIGNATURE:_____**DATE:**_____