MIDWEST DERMATOLOGY

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

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

☐ 3973 75th St, Suite 103
Aurora, IL 60504
Tel: 630-499-8999
Fax: 630-499-9970

REQUEST TO RELEASE MEDICAL RECORDS TO MIDWEST DERMATOLOGY

DATE: _____

RECORDS FROM: _____

_____

_____

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) _____

I hereby authorize release of the above information to Midwest Dermatology.

SIGNATURE:_____**DATE:**_____