Patricia A. Dickerson, MD
Amy Buschur, CNP Emily Monroe, PA-C Joni McElroy, CNP

1299 E. Alex Bell Road
Centerville, OH 45459
937-436-1117 (phone)
937-436-9576 (fax)

Medical Records Request

_____ has recently become a patient of
(Print Name)
Dermatology & Aesthetic Care, LLC.

Date: _____ I authorize:

Doctor's Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

to release to Dermatology & Aesthetic Care, LLC my medical records as requested below. My records should be under the following name:

_____
First Name Middle Name Last Name

Patient's Date of Birth: _____

Fax a copy of the following records to 937-436-9576:

- ☐ Clinical Records (office visits, labs, paths) – need 1 years of records
- ☐ Pathology Report(s) only - need 5 years of pathology reports
- ☐ Laboratory Report(s) only – need 1 years of laboratory reports
- ☐ Medical History Forms (completed by patient)
- ☐ History of Skin Cancer – need all pathology reports related to skin cancer
- ☐ Other: _____

Signature: _____ Date: _____