



Dermatology & Aesthetic Care, LLC

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)

Medical Records Release

To: Dermatology & Aesthetic Care Fax: 937-436-9576

I, _____ DOB: _____
(Print Name)

Address: _____

Request a copy of the following records:

- Clinical Records (office visits, labs, paths)
- Pathology Report(s) only
- Laboratory Report(s) only
- Medical History Forms (completed by patient)
- Other: _____

Be released to:

Name: _____

Address: _____

Phone: _____

Fax: _____

By signing below, I authorize the release of my medical records (including mental, psychiatric, alcohol, drug abuse, and HIV status).

Signature: _____ Date: _____