

Raleigh Dermatology Associates, PA

800 Springfield Commons Drive, Suite 115 • Raleigh, NC 27609
Phone: (919) 876-3656 Fax: (919) 876-2351

Fernando R. Puente, MD
Michael G. Keene, PA-C • Melanie A. Adams, PA-C

Record Request Authorization

Records Are To Be Retrieved From:

Name of Practice: _____

Address: _____

Phone Number: _____ Fax Number: _____

Patient Information:

Patient's Name: _____ DOB: _____

Address: _____

Phone number: _____

Records Are To Be Sent To:

Raleigh Dermatology Associates, PA
800 Springfield Commons Drive Suite 115
Raleigh, NC 27609
Fax: 919-876-2351

I do hereby consent and authorize you to release copies of my medical records. I understand this authorization includes consent for the release of alcohol, drug, psychiatric, and psychological information; any information relating to pregnancy, sexually transmitted diseases, HIV Testing, AIDS, and any AIDS-related syndromes. It also includes any information concerning cancer, cancer testing, and cancer results. I agree that a copy of this release or a fax of this release shall be as valid as this original. Please send copies of all restricted information as soon as possible to the address listed.

All Clinical Medical Records

Specific Date: From _____ To _____

Partial Records – Please list (e.g. pathology, photographs, etc.) _____

I prefer to have my records: Faxed Mailed Picked up

Patient's Signature _____ Date _____

Provider Signature _____ Date _____