

Medical Records Release Request For _____

Patient Name

From: Christopher Ha, M.D., Roseville Dermatology

To: _____

I request a copy or summary of the following medical records:

- Complete Medical Record
- Progress Notes
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medications/Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other _____

Please check one:

- for dates of service from _____ to _____
- for all dates of service

Additional Comments:

Patient Signature

Date

For Internal Use:

Records provided on _____ via fax mail patient