

MEDICAL RECORDS RELEASE

PLEASE RELEASE MY MEDICAL RECORDS TO:

Northeast Tarrant Dermatology

1733 Precinct Line Road
Hurst, TX 76054

817-281-7546: Phone

817-788-0115: Fax

From Physician: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

****Entire Record [] or Other [] _____****

Patient's Name: _____

Patient Address: _____

Patient Phone: _____

Patient Date of Birth: _____

This authorization will expire one year from the date below unless otherwise stated in writing.

Signature of Patient or Guardian

Date