



# SOUTH TEXAS DERMATOLOGY, PLLC

GENERAL DERMATOLOGY • COSMETIC DERMATOLOGY • MOHS MICROGRAPHIC SURGERY • SKIN CANCER SURGERY

WAYNE A. FAGAN, M.D.  
BOARD CERTIFIED DERMATOLOGIST  
FELLOW AMERICAN SOCIETY MOHS SURGERY

NATHAN A. DAVIS, M.D.  
BOARD CERTIFIED DERMATOLOGIST

MALLORY HEATH, PA-C   TODD J. PILLEN, PA-C   MADALYN GUELKER, PA-C   BERT BAKER, PA-C  
COURTNEY PHENIX, DMSC-PA-C   ALANA FLORES, PA-C   STEPHEN SPRINGER, PA-C  
ELLEN MITCHELL, NP-BC   CORI SPARKS, PA-C

## Request to Release Medical Records

\_\_\_\_\_ born on \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name (See Note)

request that \_\_\_\_\_ release the following medical

Physician's Name

records to:

\_\_\_\_\_  
Name of receiving party

\_\_\_\_\_  
Address (if copies to be mailed)

\_\_\_\_\_  
City, State

Please include:

Labs \_\_\_\_ Pathology \_\_\_\_ Progress Notes \_\_\_\_ All Records \_\_\_\_ Specified Date \_\_\_\_

Reason for Request \_\_\_\_\_

- I would like the medical records mailed to the address listed above
- I would like the medical records faxed to \_\_\_\_\_
- I will pick up or take the medical records with me

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: The parent or legal guardian must request the records of any patient under 18 years of age.

**Fees: \$25 For the first 20 pages, each additional page is .50 cents. If you are requesting records to be mailed postage will be an additional charge. Postage is estimated at \$2 for the first 20 pages**