

101 Gaither Drive, Mount Laurel, NJ 08054

Augusta Professional Center, 856 S. White Horse Pike, Suite 6, Hammonton, NJ 08037

## Medical Records Release to Patient or Entity Form

I hereby authorize:

South Jersey Skin Care and Laser Center to release my records and all information including the diagnosis and records of any treatment or examination rendered to me.

I understand that there is a \$10 fee for records up to 10 pages. Additional pages will be \$1.00 per page. This fee must be paid in advance.

## Check one:

○ All records during the period	through	
⊖ All records		
Send records to:		
Name:		
Address:		
Fax:		
Reason for requesting records:		
Print Patient Name	Patient Date of Birth	Date
Patient /Guardian Signature		
Printed Name of Guardian/Representa Additional Notes:	tive	
Additional Notes.		
		25( 010 0000 1
		856.810.9888 pl 856.810.9889 fr

856.810.9889 fx sjskincare.com info@sjskincare.com