South Jersey SKINCARE & Laser Center

101 Gaither Drive, Mount Laurel, NJ 08054

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. I also understand I can access my records for free through my patient portal.

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/Representative

Additional Notes:

856.810.9888 ph
856.810.9889 fx
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info@sjskincare.com