



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: \_\_\_\_\_

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<b>Print Patient Name</b>	<b>Patient Date of Birth</b>	<b>Date</b>
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\_\_\_\_\_  
**Patient /Guardian Signature**

\_\_\_\_\_  
**Printed Name of Guardian/Representative**

Additional Notes:

**Submit this form through fax at 856-810-9889 or provided in person at 101 Gaither Drive, Mt. Laurel, NJ 08054.**

856.810.9888 ph  
856.810.9889 fx  
sjskincares.com  
info@sjskincares.com