CHARLOTTESVILLE DERMATOLOGY, PLC

Anna Magee, MD Deborah Elder, MD Katherine Loose, MPA, PA-C Lauren Phillips, M.S. PA-C
Audrey Phillips, PA-C Nicole Cresce, MD
600 Peter Jefferson Pkwy Suite 230 Charlottesville, VA 22911
Tel: 434-984-2400 Fax: 434-984-1147

Medical Records Release

Please send my records to:

Doctor: _____

Address: _____

_____

Phone: _____

Fax: _____

Please send my records from:

Doctor: _____

Address: _____

_____

Phone: _____

Fax: _____

- Complete Medical Record
- Lab Report(s)
- Surgical Procedures
- Medication List/Allergies
- Biopsy Report(s)
- Office Note(s)
- Allergy Testing/Treatment
- Other_____

Please check one:

- For dates of service _____/_____/_____ to _____/_____/_____
- For all dates of service

Please check one:

- Mail my records
- Fax my records
- I will pick my records up

Additional Comments: _____

I understand that there may be a reasonable medical records copying fee as permissible by State Law.

Patient's Signature: _____Date: _____

Printed Name: _____Date of Birth: _____

Patient's Address: _____

_____

Patient's Phone Number: _____