



OZARK
DERMATOLOGY

Fayetteville
Phone: 479.443.5100
Fax: 479.443.5117

Siloam Springs
Phone: 479.373.6566
Fax: 479.373.6567

Bentonville
Phone: 479.273.7006
Fax: 479.273.9497

TO REQUEST RELEASE OF MEDICAL INFORMATION FROM ANOTHER HEALTHCARE PROVIDER, PLEASE COMPLETE AND SIGN BELOW.

I, _____, hereby voluntarily authorize the disclosure of information from my health record.

Patient Name: _____ Medical Record Number: _____

Patient's Date of Birth: _____ Patient's SSN: _____

Please send:

OFFICE NOTES/LAB RESULTS/PATHOLOGY RESULTS

Purpose of Release: **Continuation of Care**

**Please send all the above medical records to:
Ozark Dermatology Clinic
4375 N. Vantage Drive, Suite 305
Fayetteville, AR 72703
Phone: 479.443.5100 Fax: 479.443-5117**

Patient's Signature of Patient's Representative

Date

Printed Name of Patient or Patient's Representative

Relationship to Patient