Ozark Dermatology Clinic

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4375 N Vantage Dr., Ste 305
Fayetteville, AR 72703
Phone | 479.443.5100
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2033 Ravenwood Plaza
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Bentonville, AR 72712
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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**