

Dermatology Associates

350 NW 76th Drive, Suite A
Gainesville, FL 32607

REQUEST FOR RELEASE OF MEDICAL RECORDS

Betsy Beers, MD PA

I hereby request that my medical records, labs, and/or x-rays be released....

Tara Ezzell, MD

To: _____

Susan Marchand, PA-C

Robyn Balkin, PA-C

From: Dermatology Associates
350 NW 76th Drive, Suite A
Gainesville, Fl 32607

*General Dermatology
Skin cancer and
Dermatologic Surgery
Dermatopathology
Cosmetic Dermatology*

Patient's Name: _____

DOB: _____ SS#: _____

Please send the following records: _____

*Phone (352) 332-4051
Fax (352) 332-2966*

Signature: _____ Date: _____

Witness: _____ Date: _____