

Fort Mill Dermatology, LLC
1700 First Baxter Crossing, Suite 101
Fort Mill, South Carolina 29708-8950



Rebecca L. Smith, MD
Julie P. Iannini, MD
Board Certified Dermatologists

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____

Phone: _____

Date of Birth: _____

I request a copy or summary of the following medical records:

- Last Office Visit Notes and all Biopsy Reports
- Complete Medical Record
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Allergy Test/Treatment
- Surgical Procedures
- Other _____

For dates of service from _____ to _____

Additional Comments:

- Request to transfer records **TO Fort Mill Dermatology, LLC** from the office listed below
- Request to transfer records **FROM Fort Mill Dermatology, LLC** to the office listed below

Office Name: _____

Address: _____

Phone: _____

Fax: _____

Patient or Legal Guardian Signature

Date

Witness

Date