



MT. PLEASANT
DERMATOLOGY

570 LONG POINT ROAD
SUITE 200
MT. PLEASANT, SC 29464
PHONE 843-881-0320 FAX 843-484-0667

Release of Information

- _____ Doctor's Notes
- _____ Pathology Reports
- _____ Lab Reports
- _____ All of the above

Patient Name: _____

Account Number: _____

Date of Birth: _____

SSN: _____

I authorize **Mt. Pleasant Dermatology** to send a copy of my records to:

Name : _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax No.: _____

I authorize **Mt. Pleasant Dermatology** to obtain a copy of my records from:

Name : _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax No.: _____

Signature of Patient (Parent or Guardian if Patient is a Minor)

Date