

Medical Records Release
Greenbrae Dermatology
1300 S. Eliseo Drive, Suite 207
Greenbrae, CA 94939
415-925-0550
Fax: 415-925-9062

From: _____

To: _____

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

- Complete Medical Record(s)
- Biopsy Report(s)
- Lab Report(s)
- Consultation Report(s)
- Medication Allergies
- Allergy Test/ Treatment
- Surgical Procedures
- Other _____

For dates of service from _____ to _____.

Additional Comments: _____

Patient Name (Print)

Date of Birth

Patient Signature

Date