

9897 Hagen Ranch Road, Boynton Beach, Florida, 33437 (561) 364-7774
1401 N. Federal Highway Boca Raton, Florida, 33432 (561) 955-8885

RECORDS REQUEST AUTHORIZATION

To:

Doctor or Facility Address:

Doctor or Facility Phone Number:

Doctor or Facility Fax Number:

I, _____, hereby authorize and request you to release to:

(Patient Name)

Siperstein Dermatology Group
Attn: Medical Records
1401 N. Federal Highway
Boca Raton, FL 33432

Fax: (954) 691-3018
EMAIL: Clinical@sipderm.com

If sent from Modernizing Medicine EMR - EMA may be sent to nurse@siperstein.emadirect.md

Please check all that apply:

_____ Records Dates: _____ to _____

_____ Pathology Dates: _____ to _____

_____ MOH's Reports Dates: _____ to _____

_____ Blood Work Dates: _____ to _____

Patient's Name: _____ Date of Birth: _____

Patient's Signature: _____ Date: _____