

**EAST VALLEY DERMATOLOGY CENTER  
&  
VALLEY SKIN CANCER SURGERY**

*1100 S Dobson Road, Suite 223  
Chandler, Az 85286  
Phone: 480-821-8888 Fax: 480-821-0888*

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

This release authorizes:

**East Valley Dermatology Center / Valley Skin Cancer Surgery  
1100 S Dobson Road, Suite 223  
Chandler, Az 85286**

To release the information specified below from the medical records maintained when I was treated at the above facility.

- \_\_\_\_\_ Doctor's Notes  
\_\_\_\_\_ Lab Reports  
\_\_\_\_\_ Path Reports  
\_\_\_\_\_ Hospital Notes/Consults  
\_\_\_\_\_ Other (Please Specify): \_\_\_\_\_

Mail or  Fax the requested medical records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that I may revoke this consent at any time and that, upon fulfillment of the above stated purpose, this consent will automatically expire in one (1) year following the date of the signature without my express revocation.

**Patient Printed Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_