



Corey L. Hartman, MD, FAAD  
Rayna M. Dyck, MD, FAAD  
Deborah H. Youhn, MD, FAAD  
Brittany Rigsby, CRNP  
Alison Hayes, CRNP

## Request for Release of Medical Information

I hereby authorize:

Corey L. Hartman, MD, FAAD  
Rayna M. Dyck, MD, FAAD  
Deborah H. Youhn, MD, FAAD  
Brittany Rigsby, CRNP  
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To send my medical record to:

PLEASE SEND ALL CONTENTS OF MY CHART INCLUDING CLINIC NOTES, LABORATORY & PATHOLOGY NOTES, AND ANY CORRESPONDENCE.

Please send this information as soon as possible by fax, mail, or electronic transmission.

Thank you for your assistance in advance,

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If not signed by the patient, please indicate relationship \_\_\_\_\_

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