



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

Skin Wellness Center  
3415 Independence Dr, Suite  
200 Birmingham, AL 35209  
Phone: 205.871.7332  
Fax: 205.871.7336

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 \_\_\_\_\_

**Homewood**  
T: 205.871.7332  
F: 205.871.7336  
3415 Independence Dr, Suite 200  
Birmingham, AL 35209

**Greystone**  
T: 205.678.7518  
F: 205.677.2079  
5406 US-280, Suite A-100,  
Birmingham, AL 35242

info@skinwellness.com  
skinwellness.com