



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:

To send my medical record to:

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
3415 Independence Dr, Suite 200
Birmingham, Alabama 35209
Phone: 205.871.7332
Fax: 205.871.7336

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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