



Corey L. Hartman, MD, FAAD  
Rayna M. Dyck, MD, FAAD  
Kathryn O. Lockett, MD  
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  
Kathryn O. Lockett, MD  
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 \_\_\_\_\_

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