



Corey L. Hartman, MD, FAAD
Rayna M. Dyck, 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
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 _____

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