skin wellness
DERMATOLOGY

Corey L. Hartman, MD, FAAD
Rayna M. Dyck Richardson, MD, FAAD
Sophie Wang, MD, FAAD
Brittany Rigsby, CRNP
Alison Hayes, CRNP
Michelle Dumestre, PA-C

# Request for Release of Medical Information

I hereby authorize:

To send my medical record to:

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Rayna M. Dyck Richardson, MD, FAAD
Sophie Wang, MD, FAAD
Brittany Rigsby, CRNP
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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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