

WARREN SKIN CARE

ANDREW L.J. LI, M.D.

CHUYING LUO, M.D.

Dermatology • Cosmetic & Mohs Surgery



755 MEMORIAL PARKWAY STE 204

PHILLIPSBURG, NJ 08865

TEL 908 387 1001

FAX 908 387 1195

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

PATIENT NAME _____

DATE OF BIRTH _____

PATIENT ADDRESS _____

I AM REQUESTING RECORDS FOR THE FOLLOWING REASON: (PLEASE CHECK ONE)

LEAVING THE PRACTICE

REQUESTED BY A SPECIALIST

RELOCATING

OTHER _____

I AUTHORIZE WARREN SKIN CARE TO RELEASE A COMPLETE COPY OF MY OR MY CHILD'S MEDICAL RECORD OR, IF APPLICABLE AND APPROVED BY THE PATIENT, A SUMMARY OF THE RECORDS TO:

NAME: _____

DEPT / ATTN: _____

ADDRESS: _____

I UNDERSTAND AND AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR THE FOLLOWING FEES ASSOCIATED WITH MY REQUEST: COPYING CHARGES, INCLUDING COST OF SUPPLIES AND LABOR, AND POSTAGE RELATED TO THE PRODUCTION OF MY INFORMATION. I UNDERSTAND THAT THE CHARGE FOR THIS SERVICE IS \$25.00

SIGNATURE _____

PRINT NAME _____ DATE _____