

# Siperstein Dermatology Group

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9897 Hagen Ranch Road, Boynton Beach, Florida, 33472 (561) 364-7774  
950 Glades Road, Boca Raton, Florida, 33431 (561) 955-8885

## RECORDS RELEASE AUTHORIZATION

To: \_\_\_\_\_  
(Doctor or Hospital)

Doctor or Facility Address: \_\_\_\_\_

Doctor or Facility Phone Number: \_\_\_\_\_

Doctor or Facility Fax Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and request you to release to:  
(Patient Name)

Siperstein Dermatology Group  
Attn: Medical Records  
950 Glades Road, 4<sup>th</sup> Floor  
Boca Raton, FL 33431  
Phone: 561.955.8885  
Fax: 954.871.2726

Please check all that apply:

\_\_\_\_\_ Records Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Pathology Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ MOH's Reports Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Blood Work Dates: \_\_\_\_\_ to \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_