Siperstein Dermatology Group

9897 Hagen Ranch Road, Boynton Beach, Florida, 33437 (561) 364-7774
1401 N. Federal Highway Boca Raton, Florida, 33432 (561) 955-8885

RECORDS REQUEST AUTHORIZATION

To (Doctor or Facility Name): _____

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
1401 N. Federal Highway
Boca Raton, FL 33432

****Please send via email if possible****

EMAIL: Clinical@sipderm.com

Fax: (954) 691-3018

If sent from Modernizing Medicine EMR - EMA may be sent to nurse@siperstein.emadirect.md

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: _____