

Request for Patient File(s)

(To: Facility requesting file from)

(Fax #)**Request For Patient File**

(Patient Name - Print)

(DOB)

(Street Address, City, State, Zip)

I hereby request a copy of my patient files to be forwarded to:

SunWise Family Dermatology & Surgery

(Entire File)**(Specify section - i.e. pathology, labs, cultures)**

(Signature)

(Date)