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RECORDS RELEASE

Date: _____

I authorize Latham Dermatology to release to:

To release the following to Latham Dermatology

- ☐ BIOPSY & PATHOLOGY REPORT
- ☐ PROGRESS NOTES
- ☐ LABS
- ☐ ALL MEDICAL RECORDS

Patient signature

Witness signature

(PRINT) Patient name

Patient Date of Birth