

LAING DERMATOLOGY & SKIN CANCER CENTER, PA  
6807 Knightdale Blvd., Suite C  
Knightdale, NC 27545  
Office: 919 217-5510

Medical record release form:

Please send the following medical records from Laing Dermatology & Skin Cancer Center, PA to:

(provide complete name, address, phone and fax of recipient)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_ complete medical record (all records in your chart including demographic items will be sent).

\_\_\_ specific office visit notes. Please specify date(s): \_\_\_\_\_

\_\_\_ lab/biopsy results only(circle which one). Please specify dates(s): \_\_\_\_\_

\_\_\_ other (please specify) \_\_\_\_\_

Patient name \_\_\_\_\_

Patient address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Doctor \_\_\_\_\_ Date: \_\_\_\_\_

