

**Dermatology Practice of the Carolinas, P.A.**  
**12611 N Community House Rd Ste 102**  
**Charlotte, NC 28277**  
**704-544-8200**  
**704-544-8300 (F)**

**Catherine J Pointon, MD**

**Katherine Joseph, PA-C**

**CONSENT FOR MEDICAL RECORDS RELEASE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I request a copy of the following medical records:**

- Complete Medical Records**
- Biopsy Report(s)**
- Lab Report(s)**
- Consultation Reports**
- Medication Allergies**
- Allergy Test/ Treatment**
- Surgical Procedures**
- Other** \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

STREET \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_

**I hereby release you from all legal responsibility or liability that may arise from this authorization.**

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**There is a \$20.00 processing fee to release records.**