

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: _____

