3210 S.W. 33rd Road Suite 101
Ocala, FL 34474
Phone: (352) 873-7788
Fax: (352) 873-9397

Skin Cancer Center of Central Florida
Mary F. Barber, MD
www.SkinCF.com
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Stonecrest Medical Office Complex
10973 S.E. 175th Place Suite 100
Summerfield, FL 34474
Phone: (352) 259-6553
Fax: (352) 873-9397

RELEASE OF MEDICAL RECORDS

Date:_____

Patient Name: _____

Patient's Address: _____

Date of Birth: _____

To whom it may concern:

I hereby authorize the Skin Cancer Center of Central Florida to release any medical records to _____ at the following address:_____ and Phone# _____ including

- Pathology Reports _____
- All Medical Records on File (will receive a disk)
- Dates of service _____
- Other Specific Information _____

For the purpose of _____.

Unless otherwise specified this authorization will expire 90 days from the date signed. Please call us if there are any problems in complying with this request.

_____ _____
Patient's Signature or responsible party Date

_____ _____
Witness Date