

RODGERS

DERMATOLOGY

PATIENT REGISTRATION

AUTHORIZATION TO RELEASE MEDICAL RECORDS

**I AUTHORIZE ALL HEALTH CARE PROVIDERS
& HOSPITALS/INSTITUTIONS TO
RELEASE MY MEDICAL RECORDS TO:**

**Rodgers Dermatology
3880 Parkwood Blvd
Suite 102
Frisco, TX, 75034
T: 972-704-2400
E: info@rogersderm.com**

COMPLETE MEDICAL RECORDS INCLUDING ALL INFORMATION FROM LIST BELOW:

**ALL HOSPITAL AND/OR INSTITUTION RECORDS
TRANSCRIBED HOSPITAL/INSTITUTION RECORDS
(INCLUDES OP NOTES, HISTORY/PHYSICAL EXAMS, CONSULTATIONS, &
DISCHARGE SUMMARIES)**

**LABORATORY REPORTS
PATHOLOGY REPORTS
DIAGNOSTIC IMAGING REPORTS
EKG/CARDIAC REPORTS
PHYSICAL/OCCUPATIONAL THERAPY REPORTS
PHYSICIAN OFFICE/CLINICAL RECORDS
IMPLANT INFORMATION (INCLUDING OPERATIVE REPORT)
PHOTOGRAPHS
HIV/AIDS/HEPATITIS RECORDS**

**BY SIGNING BELOW, I AUTHORIZE THE RELEASE OF THE ABOVE RECORDS, IF SUCH
EXIST:**

YOUR SIGNATURE

DATE

THIS DOCUMENT MUST BE SIGNED BY THE PATIENT OR PERSON AUTHORIZED BY LAW.