

# 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.**