

Medical Records Release

From: Bellevue Dermatology
1810 116th Avenue NE, Suite 100
Bellevue, WA 98004
Phone: (425) 455-2275 Fax: (425) 455-1511

To: _____

I request a copy or summary of the following medical records:

- Complete Medical Records
- Pathology Report(s)
- Lab Report(s)
- Other

Please check one:

- For dates of service from ___/___/___ to ___/___/___
- For all dates of service

Additional Comments:

I understand that there may be a reasonable medical records copying fee as permissible by state law. Please allow 5 to 10 business days to process your request.

Patient Signature ___/___/___
Date

Print Name Here