



Dermatology Associates

OF MONTGOMERY, LLC

286 Mitylene Park Drive | PO Box 241627
Montgomery, AL 36124-1627
334/396-1555 (office) | 334/396-9833 (FAX)

J. S Maddox, MD

E.P. Barnett, MD

E.A. Mountcastle, MD

Authorization for Release of Medical Records to Dermatology Associates of Montgomery

I, _____ authorize _____ to release the following medical information to Dermatology Associates of Montgomery at the above address.

Please mark all that apply:

_____ any and all medical records

_____ biopsy report(s)

_____ surgery notes

Dates of service: From _____ to _____

This release is effective for one year from the date signed; however, it may be revoked at any time by providing written notice.

Signature: _____
PATIENT/LEGAL GUARDIAN

Date: _____

Date of Birth: _____

Telephone Number: _____

Witness: _____

Date: _____