

Request for Medical Records Release

Request to: <insert previous doctor's name>

Please transfer the records of patient: _____

Address _____

Patient Date of Birth _____

Patient Phone _____

Send medical records to:

Cynthia Golomb, MD
Dermatology Boutique
100 N. Federal Hwy, Suite 202
Hallandale Beach FL 33009-4373

Phone 855-465-6621

Fax 888-407-3376

Patient Signature _____