



920 Woodruff Road, Greenville, South Carolina 29607
P-(864) 233-6338 F-(864) 235-1982
www.carolinaderm.com

Medical Records Release Form

I authorize the release of my medical records:

☐ **From**
☐ **To**

☐ **From**
☐ **To**

Practice: _____

Address: _____

Phone: _____

Fax: _____

Carolina Dermatology of Greenville

920 Woodruff Road

Greenville, SC 29607

Phone: 864-233-6338

Fax: 864-235-1982

Send to the attention of: _____

Specific Request/ Notes: _____

Print patient name: _____ Patient DOB: _____

Patient signature: _____ Date: _____