DermUtopia™

Brenda Dintiman, MD

527 Maple Avenue East, Suite 204

Vienna, VA 22180

703-229-2544 (Telephone) 209-759-4655 (Fax)

Patient Name:_____ D.O.B.:_____

MEDICAL RECORDS RELEASE FORM

I, _____, hereby request the release of:

__All my medical records, including pathology reports and procedure summaries

__ All medical records, including pathology reports and procedure summaries, related to

_____

To: Doctor/Practice Name: _____

Address Line 1:_____

Address Line 2:_____

Phone:_____

Fax:_____

From: Dr. Brenda Dintiman, DermUtopia PLLC

527 Maple Avenue East, Suite 204, Vienna, VA 22180

Phone: (703)-229-4299

Fax: (209)-759-4655

Respectfully,

_____

Patient Signature Date