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PLEASE CHECK APPROPRIATE BOX:

(Section 1) () Request to forward records to another doctor

(Section 2) () Request to have your patient records forwarded to our office:

Brinton Lake Dermatology
500 Evergreen Drive
Suite 20
Glen Mills, PA 10342
Phone: 484-785-3376
Fax: 610-358-6913

Section 1

This authorizes our office to forward copies of your medical records to the following:

TO: _____

Section 2

This is your authorization for another doctor to forward copies of your medical records to us at 500 Evergreen Drive, Glen Mills, PA :

(PATIENT PRINTED NAME)

(PATIENT SIGNATURE)

(PATIENT DATE OF BIRTH)

(DATE)