



ANTHONY DEE, M.D., PLLC
DANIELLE JOHNSTON, RPA-C
Dermatologic Center for Excellence
9276 Main Street, Suite 1A
P.O. Box 554
Clarence, New York 14031-0554
Phone: (716) 759-7759
Fax: (716) 759-1759
Website: www.rashdecision.com

MEDICAL RECORDS RELEASE

From: Anthony Dee, M.D.
9276 Main Street, Suite 1A
PO Box 554
Clarence, NY 14031-0554

To: _____

I request a copy of the following medical records:

- _____ Complete Medical Records
- _____ Biopsy Report(s)
- _____ Lab Report(s)
- _____ Consultation Reports
- _____ Medication Allergies
- _____ Allergy Test/Treatment
- _____ Surgical Procedures
- _____ Other: _____

For dates of service from _____ to _____

Additional Comments: _____

(Print Name) (Date of Birth)

(Patient Signature) (Date)

(Witness) (Date)