PORTLAND DERMATOLOGY CLINIC LLP

1414 NW Northrup St, Suite 600 Portland, OR 97209

Main line: (503) 223-3104 Fax: (503) 223-4619
Mohs scheduling number: (503) 445-2136 Fax: (503) 445-2137

Michael Adler, MD, P.C.
Jonathan Alexander, MD
Rebecca Bremner, MD
Renee M. Chang, M.D.
Walter Larsen, MD, P.C.
Ken Lee, MD, P.C.
Barbara Resnick, MD, P.C.

Records Release Request

Physician/Recipient: _____ Date: _____
Phone: _____ Fax: _____
Street Address: _____
City/State: _____ Zip Code: _____

Patient Name: _____ DOB: _____

Other comments: _____
_____

Information to be released:
o CHART NOTES (dates from/to:_____)
o LABS (dates from/to:_____)
o PATHOLOGY REPORT (dates from/to:_____)

Purpose of Disclosure:
o Referral/patient request/other:_____
o Mental Health Information ____ patient initials
o Genetic Testing Information ____ patient initials

Patient Signature: _____Date: _____

Please call 503-223-3104 if you have any questions. We appreciate your assistance.

This authorization may be revoked at any time. Unless revoked earlier, this consent will expire 180 days from the date of signature or shall remain in effect for the period needed to complete the request.