SOUTHWEST SKIN SPECIALISTS is now a part of U.S. DERMATOLOGY partners

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Kimberly Yeung-Yue, M.D.
Adam Luber, M.D.

AUTHORIZATION FOR *RELEASE* OF MEDICAL RECORDS

Patient Full Name _____

Patient Address _____

_____

_____

Date of Birth _____

Patient Phone _____

Patient Email (Required for Patient Portal) _____

Signature of Patient or Legal Guardian _____

Date Signed _____

This release authorizes Southwest Skin Specialists to provide a copy of the specific medical records requested by:

◯ Self ◯ Another Provider ◯ Other

_____

_____

_____

_____ Doctor's notes

_____ Path/Lab reports

_____ Complete Records

_____ Other (Please specify) _____

----------FOR OFFICE USE ONLY----------

HJL_____ **NBP**_____ **ACR**_____ **MPC**_____ **RF**_____

JKS_____ **SIH**_____ **JMG**_____ **KAY**_____ **AJL**_____

BWL_____ **CLK**_____

BWL_____ **CLK**_____ **RF**_____ **AJL**_____

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