Precision Skin Care, LLC.
1709 W. 7th Street
Chanute, KS 66720
620-431-0023

Medical Records Release Authorization

Patient's Name:_____ Date of Birth:_____

Address:_____ City/State/Zip:_____

Phone: _____

Guarantor's Name:_____ Relationship:_____

I hearby authorize records FROM:

Name:_____

Address:_____

City/State/Zip:_____

Phone #:_____ Fax #:_____

To be RELEASED to:

Name:_____

Address:_____

City/State/Zip:_____

Phone #:_____ Fax #:_____

Comments:

_____

_____

_____

Date:_____ **Patient Signature:**_____

Date:_____ **Guarantor Signature:**_____

Date:_____ **Witness Signature:**_____