Precision Skin Care, LLC
1402 S. Main Street
Ottawa, KS 66067
Phone: (785) 749-3600
Fax: (785) 749-3621

MEDICAL RECORDS RELEASE AUTHORIZATION

Patients Name: _____ **Date of Birth:** _____

Address: _____ **City/State/Zip:** _____

Work Phone: _____ **Cell Phone**: _____

Guarantor's Name: _____ **Relationship:** _____

I hereby authorize records **FROM**:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

To be **RELEASED** to:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Date: _____ **Patient Signature:** _____

Date: _____ **Guarantor Signature:** _____

Date: _____ **Witness Signature:** _____