



Burkhart
Pediatric &
Adolescent
Dermatology

(919) 476-1118 | (855) 878-6037

135 Parkway Office Court - Suite 201

Cary, NC 27518

info@burkhartpediatricdermatology.com

www.burkhartpediatricdermatology.com

**Request for Burkhart Pediatric & Adolescent Dermatology
to Release Medical Records**

Medical Record Number: (to be filled in by the practice): _____

Patient Name: _____ Date of Birth: _____

I, (NAME): _____, hereby authorize

Burkhart Pediatric & Adolescent Dermatology to release the following information:

All Records

Consultation Notes

Office Visits

Procedure Notes

Surgery/Operative Reports

Pathology/Lab Reports

Radiology Reports (Ultrasounds, X-rays, MRI, CT scans)

Dates of service for requested release:

All dates

Date Range _____ to _____

Please send a copy of my medical records to:

Physician /Provider Name: _____

Medical Practice Name: _____

Address: _____

Fax Number: (_____) _____

Authorized Family Member Name: _____

Relationship to Patient: _____ Date: _____

Signature: _____

Please note: For security reasons, Burkhart Pediatric & Adolescent Dermatology, PLLC will either mail or fax your medical records as requested. We will not send them by email. Release of medical records may take 5-7 days for processing.