



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 Medical Records to be Sent to
Burkhart Pediatric & Adolescent Dermatology**

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

Patient Name: _____ Date of Birth: _____

Address: _____

Telephone: Home: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Email Address: _____

I, (NAME): _____, hereby authorize

_____ to release the following information:

All Records

Discharge Summary

Consultation Notes

Hospital Records

Office Visits

Emergency Department Records

Procedure Notes

Pathology/Lab Reports

Surgery/Operative Reports

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

Dates of service for requested release:

All dates

Date Range _____ to _____

Release information to: **Burkhart Pediatric & Adolescent Dermatology**

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Patient Name: _____ Date: _____

Authorized Family Member Name and Relationship to Patient:

Signature: _____