

## **Sheperd Integrative Dermatology**

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## Medical Records Release

To:		
I request a copy or summary of the following		
Complete Medical Records		
Biopsy Report(s)		
Lab Report(s)		
Consultation Report(s)		
Medication Allergies		
Surgical Procedures		
Other		
For Dates of Service:	To:	
Additional Comments:		
Patient Name(Please Print):	Date of Birth:	
Patient Signature:	Date:	