Texas Tone Dermatology

9423 S Hwy US-69
Huntington, Tx 75949
Phone: (936) 955-5540 Fax: (936) 955-5541

Medical Record Request Form

Patient Information :

Name: _____

Date of Birth: _____ Phone:_____

Address: _____City: _____

State: _____ Zip code: _____

Records Requested From:

Provider/Facility: _____

Phone # : _____ Fax # : _____

Records To Be Sent To:

Texas Tone Dermatology

9423 S Hwy US-69 Huntington Tx, 75949

Fax # : (936) 955-5541

Specific Records Requested:

☐ **All Records** ☐**Pathology Records** ☐ **Lab Results** ☐**Office Notes** ☐ **Other: _____**

Purpose of Request:

☐ **Continuity of Care** ☐ **Personal Use** ☐ **Other: _____**

Authorization & Consent

I hereby authorize the release of my protected health information as described above. I understand that this authorization is voluntary and may be revoked at any time in writing, except to the extent that action has already been taken in reliance on it. I understand that information disclosed may be subject to re-disclosure and may no longer be protected by federal privacy regulations.

Patient Signature: _____ Date: _____

If Signed by Legal Representative:

Name: _____

Relationship to Patient:_____ Signature_____ Date: _____

For Office Use Only:

Received By: _____ Date: _____

Processed By: _____ Date: _____