

Dermatology & Skin Cancer Surgery Center  
Matthew D. Barrows, M.D.  
Julie Darby, PA-C  
Matthew Bruno, PA-C  
**Phone (972) 390-9002**  
**Fax (214) 491-3777**

## MEDICAL RECORDS RELEASE

I request a copy of my medical records be released to:

---

---

---

From the office of:

---

---

---

I request a copy of the following medical records:

- Complete Medical Records
- Biopsy Report(s)
- Lab Report(s)
- Consultation Report(s)
- Medication Allergies
- Allergy Test / Treatment
- Surgical Procedures
- Other \_\_\_\_\_

For dates of service from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date