

COLE DERMATOLOGY
&
SKIN CANCER CENTER

John Cole, MD, FAAD
Board Certified Dermatologist

Terri Wildes, NP-C Tori Taylor, FNP-C

Medical Records Release Authorization Form

I, _____, authorize Cole Dermatology, LLC, and John Cole, MD, to

____ Release my records to

____ Obtain my records from

____ Pathology Report(s)

____ Lab Report(s)

____ Office Note(s)

____ Other _____

For the dates of service from _____ to _____.

Patient Name

Date of Birth

Patient/Guardian Signature

Date