RELEASE OF INFORMATION CONSENT FORM

DENVER SKIN CLINIC
2200 East 18th Avenue
Denver, CO 80206

Phone: 303-322-7789   Fax: 303-322-0221

Mickey J. Mandel, M.D.   Barbara R. Reed, M.D.   Leslie J. Havard, M.D.   Peggy B. Liao

I hereby authorize the Denver Skin Clinic to:
(circle one)

Release records to   Obtain records from

Name of physician or facility:________________________________

Address: ________________________________
Number   Street   Apt/Unit #

____
City   State   Zip Code

Telephone: ________________________________

Fax: ________________________________

Please release the following information:

History & Physical ________

Consultation/Procedure reports ________

Pathology reports ________

Laboratory test reports________

Pathology slides ________

Patient Name:________________________________

Signature: ________________________________

Date of Birth: ________________________

Date consent signed:________________________   Time:____________________