MOY :: FINCHER :: CHIPPS
FACIAL PLASTICS & DERMATOLOGY

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Ronald L. Moy, M.D., Edgar Fincher, M.D., Ph.D., Lisa Chipps, M.D., M.S., Jennifer Herrmann, M.D., Jeff So, PA-C

Medical Records Request Form

Patient Name: ______________________ Date of Birth: ______________________

I hereby authorize the release of:

☐ Medical Records

☐ Laboratory/Pathology Results

☐ Photos

☐ Other: ____

from Date of Service: ______________________ to ______________________

or copies of such, and request them to be transferred to

☐ Self

Address: ____ ______________________

Fax Number: ______________________

☐ Other Provider/Party

Name: ____

Address: ____ ______________________

Fax Number: ____

Patient Signature: ______________________ Date: ______________________

$25 Processing fee applies (Fee waived for pathology reports)

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