



**MAHONEY**  
DERMATOLOGY SPECIALISTS, P.A.

7995 66<sup>th</sup> St N. Pinellas Park, FL 33781 Ph: 727.530.0920 Fax: 727.827.7139 www.mahoneydermatology.com

To: \_\_\_\_\_

FAX: \_\_\_\_\_

I REQUEST A COPY OR SUMMARY OF THE FOLLOWING MEDICAL RECORDS:

- COMPLETE MEDICAL RECORD
- BIOPSY REPORT(S)
- LAB REPORT(S)
- CONSULTATION REPORTS
- MEDICATION ALLERGIES
- ALLERGY TEST/TREATMENT
- SURGICAL PROCEDURES
- OTHER \_\_\_\_\_

PLEASE CHECK ONE:

- FOR DATES OF SERVICE FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_
- FOR ALL DATES OF SERVICE

ADDITIONAL COMMENTS: \_\_\_\_\_

I UNDERSTAND THAT THERE MAY BE A REASONABLE MEDICAL RECORDS COPYING FEE AS PERMISSIBLE BY STATE LAW

\_\_\_\_\_  
PRINTED PATIENT NAME D.O.B. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
PATIENT OR GUARDIAN SIGNATURE DATE \_\_\_/\_\_\_/\_\_\_