



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

817/795-SKIN (7546) • fax 817-385-7568

email: acderm@acderm.com

Angela Yen Moore, M.D.
Board Certified Dermatologist by the American Board of Dermatology
Board Certified Dermatopathologist by the American Board of Medical Specialties

711 E. Lamar Blvd. Suite 200 • Arlington, Texas 76011

AUTHORIZATION TO RECEIVE MEDICAL RECORDS

Patient's Name: _____ Date of Birth: _____

I authorize: _____

Address: _____

Phone: _____ Fax: _____

To release medical records to:

Dr. Angela Moore, MD PA
Arlington Center for Dermatology
711 East Lamar Blvd. Suite 200
Arlington, TX 76011
Ph: 817-795-7546 Fax: 817-385-7568

This request and authorization applies to: (check the appropriate line)

Clinical Visit Notes Pathology Reports Lab Reports Billing records

All medical records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays.

Dates of service requested: _____ to _____

Signature of Patient or Legal Representative

Date

Printed Name

Relationship to Patient

I understand that I have the right to revoke this authorization by providing a written request to Arlington Center for Dermatology. I understand that the revocation will not apply to information that has already been released. Unless otherwise revoked this authorization will expire one year from the date signed. I understand that authorizing disclosure of this health information is voluntary and any disclosure of information carries the risk for an unauthorized re-disclosure and the information may not be protected by confidentiality rules.