



Brian Matthys, D.O.  
1805 NW Platte Rd • Suite 120 • Riverside, MO 64150  
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**MEDICAL RECORDS RELEASE**

I, \_\_\_\_\_, herein request of

**Sunflower Dermatology & Day Spa**  
**Brian Matthys D.O.**  
**1805 NW Platte Rd Suite 120**  
**Riverside, MO 64150**

To forward a copy of the following medical records:

- Complete Medical Record
- Biopsy Reports
- Laboratory Reports
- Consultation Reports
- Medication Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures

for date of service from \_\_\_\_\_ to \_\_\_\_\_

to:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate

