Brian Matthys, D.O.
1805 NW Platte Rd • Suite 120 • Riverside, MO 64150
816-472-0400 • Fax 816-472-0813

MEDICAL RECORDS RELEASE

I, ____, herein request of

Name ________________________ Phone # __________________

Address ________________________ Fax # __________________

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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:

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

_________________________ _________________________
Patient Signature Date

_________________________ _________________________
Witness Date

____
Birthdate