

Advantage Dermatology, P.A.

1514 Nira Street • Jacksonville, Florida 32207 • Phone: 904-387-4991 • Fax: 904-384-3613

MEDICAL RECORDS REQUEST FROM OUTSIDE FACILITY

I am currently a patient of Advantage Dermatology, P.A. and request that my medical records from your facility be sent to Advantage Dermatology, P.A. for continuity of my care and treatment purposes.

Facility Information	Facility Name: _____ Address: _____ _____
Patient Information	Full Name: _____ Date of Birth: _____ SSN: _____ Phone Number: _____
Recipient Information	<p style="text-align: center;">ADVANTAGE DERMATOLOGY, P.A. 1514 Nira Street Jacksonville, Florida 32207</p> Fax Number: 904-306-5778 (EMA-Medical Records Fax Line) Provider: _____ Provider Phone Number: _____
Purpose for Request	<input type="checkbox"/> At Request of the Patient
Requested Information	<input type="checkbox"/> Entire Medical Record
Notes	

SIGNATURE: _____ **DATE:** _____

Patient

Personal Representative. Please explain the authority to act for the patient _____