

Yardley Dermatology Associates

**Richard G. Fried, M.D.,
Fern G. Fried, M.D.
Jennifer R. Rajan, M.D.
Judith A. Cenci, M.D.**

**Carmen Campanelli, M.D.
Lauren Sternberg, M.D.
Jennifer LaRusso, D.O.
Amy Matorin, PA-C**

MEDICAL RECORDS RELEASE

Patient Name: _____

Date of Birth: _____

I hereby authorize the release of my medical records to Yardley Dermatology Associates:

Signature of Patient or Legal Guardian

Date

I am requesting medical records from:

Doctor, Hospital, Insurance Company, etc.

Address: _____

Phone: _____

Fax: _____

Included in these records:

Recent Biopsy or Bloodwork

All Medical Records

Other _____

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