Dermatology Center of Denton
Cynthia R. Harrington, MD
Kaveh Nezafati, MD
209 N. Bonnie Brae St, Suite 202
Denton, TX 76201
(940) 384-7546 – (866) 619-3376

# MEDICAL RECORD RELEASE/REQUEST

To____________________________________________________
(Doctor/Hospital)

Address_______________________________________________

City_________________________ State______________ Zip__________

Phone__________________________ Fax__________________________

I hereby authorize the release of all my medical records, including laboratory and radiologic reports and results or copies of such to:

Dermatology Center of Denton
Cynthia R. Harrington, MD
Kaveh Nezafati, MD
209 N. Bonnie Brae St, Ste 202
Denton, TX 76201
(940) 384-7546 – (866) 619-3376

_______________________________________________
Patient Name (Printed)

_______________________________________________
Date of Birth

_______________________________________________
Patient Signature Date