

**MEDICAL RECORDS
RELEASE**



Medical records to be released from:

FOREVER YOUNG SKIN SPA
PO BOX 27239
PRESCOTT VALLEY AZ 86312-7239

FAX TO: (800) 779-7193

Medical records to be released to:

<input type="checkbox"/>	Ray Johnson, M.D.	<input type="checkbox"/>	_____
	830 Ainsworth		_____
	Prescott AZ 86301		_____
	Phone: (928) 776-0325		_____
	Fax: (928) 776-0405		_____

Client Printed Name: _____

Client Date of Birth: _____

I hereby request a copy or summary of my medical records from FOREVER YOUNG SKIN SPA to be released to the provider named above. Please release the following information: (check one)

- All records
- Any records and/or notes pertaining to: _____

Comments: _____

Patient Signature

Date

.....
(for use by Forever Young Skin Spa only)

Mailed Faxed to _____ Emailed to _____

Completed by: _____ Date _____