

PONTE VEDRA DERMATOLOGY & AESTHETIC SURGERY CENTER

232 Ponte Vedra Park Drive
Ponte Vedra Beach, Fl 32082
Phone (904) 285-7546 * Fax (904) 273-8511

All information must be completed for request to be processed

MEDICAL RECORD FEES

There will be a \$1.00 per page charge for all medical records for the first 20 pages and 0.25 cents a page thereafter for patients and attorneys who request medical records. Exceptions in the case of necessary medical referrals or emergencies may be made at the discretion of PVDAS office staff

REQUESTED FROM THE OFFICE OF:

TO BE SENT TO:

I request a copy or summary of the following medical records:

- Complete Medical Record
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other _____

For dates of service from _____ to _____

Reason for request:

Additional Comments:

Patient Name

Date of Birth

Patient Signature

Date

Witness

Date