

TWIN PEAKS DERMATOLOGY, PC

JOHN FUESTON, MD

DIPLOMATE AMERICAN BOARD OF DERMATOLOGY FELLOW AMERICAN ACADEMY OF DERMATOLOGY

Request for medical records

Date: _____

PATIENT NAME: _____

PATIENT'S DATE OF BIRTH: _____

PATIENT'S SOCIAL SECURITY #: _____

PATIENT'S OR GUARDIAN'S SIGNATURE: _____

Please circle all records wanted: Chart Notes, Biopsy Reports, Lab Results, Complete Records

FROM:

Name: _____

Address: _____

Phone: _____

Fax: _____

SEND TO:

Name: Twin Peaks Dermatology, PC

Address: 205 South Main St.

Suite E

Phone: 303-485-8913

Fax: 303-485-8914

TWIN PEAKS DERMATOLOGY, PC
205 SOUTH MAIN STREET, SUITE E
LONGMONT, CO 80501

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