DERM ONE
Dermatology Care

Medical Records Release Form

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

I, _____ request release of my medical records
(please print name)

from _____ to Derm One, PLLC.
(physician's office)

Please disclose/release the following information:

- □ All records
- □ Laboratory records
- □ Pathology records
- □ X-ray/radiology records
- □ Office Notes
- □ Pharmacy/prescription records
- □ Other _____

These records are for dates of service from _____ to _____.

□ **Derm One - Bluefield**
725 S. College Ave.
Bluefield VA, 24605
Phone: 276-326-3376
Fax: 276-326-2141

□ **Derm One – Princeton**
296 New Hope Rd. Suite 1
Princeton, WV 24740
Phone: 304-425-9448
Fax: 304-431-2589

□ **Derm One – Wytheville**
150 Peppers Ferry Rd.
Wytheville, VA 24382
Phone: 276-228-2022
Fax: 276-228-2160

□ **Derm One – Beckley**
4130 Robert C Byrd Dr.
Beckley, WV 25801
Phone: 304-255-9434
Fax: 304-255-9435

□ **Derm One – Radford**
1804 East Main St. Suite B
Radford, VA 24141
Phone: 540-633-3015
Fax: 540-633-3019

_____ _____
Signature of patient (or patient's personal representative) Date

_____ _____
Witness Date

David Tolliver, DO
April Neely, NP-C
Bryan Caskey, PA-C
Chad Caskey, PA-C
Michelle Caskey, NP-C
Missy Buckner, NP-C
Susan Gaither, NP-C