



Medical Records Release

From: Seaside Dermatology & Skin Cancer Center
4950 Barranca Pkwy Ste 307
Irvine, CA 92604 (949) 552-1313

To: _____

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

Office Visit Note (s)
 Other _____

for dates of service from _____ to _____

***MEDICAL RECORDS FEE:** In pursuant to CA Health & Safety section 1231110, we charge \$0.25 per copy plus \$25 for clerical fees. As a courtesy, we will waive this fee if your request is less than five pages. Please allow 7 -10 business days to complete your request.

Additional Comments:

Patient Last Name (Print Clearly)

Patient First Name (Print Clearly)

Patient Signature

Date