



JORDAN VALLEY DERMATOLOGY

RECORDS RELEASE REQUEST

I, (print name) _____, (Date of Birth), _____
authorize the release of my records from:

Jordan Valley Dermatology
Douglass W. Forsha, M.D.
3570 West 9000 South, Ste. 220
West Jordan, UT 84088

I authorize the release of:

- ◆ All medical records
- ◆ Pathology/Lab reports
- ◆ Records dated _____ to _____
- ◆ Other (please specify) _____

To be released to the following party:

Patient Signature _____ Date _____

Douglass W. Forsha M.D. Wesley R. Brown M.D.

3570 West 9000 South Suite # 220, West Jordan Utah 84088

Phone (801) 569-1456 Fax (801) 565-7931