



DERMATOLOGY
PROFESSIONALS, PA

Personal Release

****Personal Release:** Do you authorize Dermatology Professionals to be able to leave or discuss your appointment (dates/times), financial, and/or medical information with someone other than yourself or your doctor?

_____ **NO** _____ **YES**

Personal Release 1

Name: _____

Relationship: _____

_____ Same phone # as Patient Different phone # (_____) _____ - _____

Personal Release 2 (optional)

Name: _____

Relationship: _____

_____ Same phone # as Patient Different phone # (_____) _____ - _____