
Please cut along dotted line and mail to your doctor if you would like medical records sent to our office

Medical Records Release

Dear Dr. _____,

Please release a copy of my medical records to Spartanburg Dermatology & Skin Surgery Clinic, P.C. for date of treatment _____ through _____.

Spartanburg Dermatology
2020 North Church Place
Spartanburg, SC 29303-2706

Signature

Date of Birth

Social Security Number