

RECORDS RELEASE FORM

Transfer records from:

Dr. Susan Canning
3925 Ferrara Dr
Silver Spring, MD 20906

OR

Meghan Thomas Mitchell
The Dermatology Center
5215 Loughboro Rd Ste 140
Washington, DC 20016
Fax 202-244-3198

OR

Doctor Name _____
Address _____

Please release medical records for: dates of service from _____ to _____, or All Records

Please fax or mail my records to the following physician's address:

Rock Creek Dermatology
3925 Ferrara Dr
Silver Spring, MD 20906
Phone 301-933-1547
Fax 301-933-0960

Patient's Name: _____

Date of Birth: _____

Patient's signature: _____

Date: _____

Relationship (if not patient): _____

Witness: _____