



Arizona
Dermatology
Group

RELEASE OF MEDICAL INFORMATION

May we leave personal medical information on your answering machine at home? Yes No

May we call you at your place of employment or leave a message with your employer Yes No

Do you give us permission to discuss your medical information with family members Yes No

If yes, please provide names: _____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

In case of emergency who should we notify? _____ Phone #: _____

Signature of Patient/Legal Representative/Parent

Date