

**ALEXANDER MILLER, M.D.**

DERMATOLOGY  
SURGERY OF THE SKIN

17451 BASTANCHURY RD., SUITE103A  
YORBA LINDA CA 92886  
(714) 961-0143  
Fax: (714) 961-0265

DIPLOMATE  
AMERICAN BOARD  
OF DERMATOLOGY

**AUTHORIZATION FOR RELEASE OF PATIENT RECORDS**

PATIENT:\_\_\_\_\_

PATIENT DATE OF BIRTH:\_\_\_\_\_

DR. MILLER:

PLEASE SEND/FAX A COPY OF THE ABOVE PATIENT'S:

(Circle the choice)

a) COMPLETE MEDICAL RECORDS

b) HISTOPATHOLOGY REPORT(S)

c) LABORATORY REPORTS

d) OTHER:\_\_\_\_\_

TO:\_\_\_\_\_

(Name)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City and Zip)

FAX:\_\_\_\_\_

SIGNED:\_\_\_\_\_

(Signature of Patient or Parent/Guardian)

PRINT NAME OF PERSON SIGNING:\_\_\_\_\_

Circle: Patient / Parent / Guardian

WITNESS:\_\_\_\_\_

(Signature)

DATE:\_\_\_\_\_