

Dermatology Consultants of Sacramento
A Medical Corporation
Diseases and Surgery of the Skin
Cosmetic Dermatology

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Request for Release of Medical Records

FROM: Dermatology Consultants of Sacramento
5340 Elvas Ave, #600
Sacramento, CA 95819

Please send a copy of my medical records to:

Patient Name: _____

Date of Birth: _____

Signature: _____

Witness: _____

Date of Request: _____

5340 ELVAS AVENUE, SUITE 600, SACRAMENTO, CA 98519

PHONE (916)739-1505 FAX 739-1426