



Children's SKIN CENTER, PA

PEDIATRIC AND ADULT DERMATOLOGY
WWW.CHILDRENSKINCENTER.COM

Records Release

To: _____

Address: _____

Phone: _____ Fax: _____

Please release medical records for patient: _____

Date of Birth: _____

From: _____ To _____ To the care of:

Children's Skin Center, PA
3100 SW 62nd Avenue
Miami, FL 33155
(305) 669-6555/fax (305) 668-5579
rosa.amadorcsc@aol.com

Patient/Parent/Guardian

Date

3100 SW 62nd Avenue, Miami, FL 33155

(305) 669-6555