Jayne fortson md
BOARD CERTIFIED IN DERMATOLOGY & DERMATOPATHOLOGY

FORTSON DERMATOLOGY & SKIN CARE CENTER
2401 EAST 42ND AVENUE, SUITE 301
(907) 563-3204 ■ (907) 563-4283 FAX
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RELEASE OF MEDICAL RECORDS

I _____ **herein request of**
Patient or guardian if patient is a minor

☐ Jayne Fortson, M.D.
2401 E 42nd Ave, Ste 301
Anchorage, AK 99508

☐ _____
_____
_____
Other name and address

To forward a copy of the following records _____
(Patient name and DOB)

Dates: from _____ through _____

___ Complete Chart Notes
___ Biopsy Report(s)
___ Other (specify) _____
___ Lab. Report(s)
___ Patch/Allergy Tests

Send to

☐ _____ ☐ Jayne Fortson, M.D.
(Doctor/Myself)

_____ 2401 E 42nd Ave, Ste 301
Street Address

_____ Anchorage, AK 99508
City, State, ZIP

_____ 907.563.3204
Phone

For the purpose of _____

I understand that my records are protected by law (Federal Law 42CFR Part2) and cannot be disclosed without my written consent. This consent for release of confidential information expires in 90 days. I understand that I may review my medical records upon request. I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in compliance with this consent. This facility, its employees, and the physician are hereby released from legal responsibility for the release of the above information.

_____ _____
Patient's or Guardian's Signature Date

_____ _____
Witness Date

1.23.18