



SkinSmart Dermatology

Release of Information

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

May we leave personal medical information on your cell phone voicemail? Yes No

Do you give our office permission to discuss your medical information with family members? Yes No

If yes, please provide their name and phone number below.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Signature of Patient or Patient Representative

Date