



Email: Medicalrecords@skinusa.com

Medical Records fax only # 661.425.0425

Nevada Medical Records Release Authorization

Patient Name: _____ DOB: _____

Phone Number: _____ Date: _____

You can view and download your medical records for free on the patient portal. **If you prefer to have them emailed, picked up in office or mailed please allow up to 30 days to receive Medical Records.**

How would you like to receive your medical records? Please check option(s) below and fill in the information if needed

☐ Pick Up in Office or Mail Paper Copies (Self)
☐ Nevada Processing Fee \$0.60 per page (minimum \$5.00; maximum \$40.00)
If you prefer to pick up your medical records in the office, please write 'Office Pick Up' in the mailing address line below
Mailing Address is applicable: _____

Please check the appropriate box(es) below.

☐ Email Medical Records to Patient (Self)
☐ Sending to Another Provider or third party.
☐ Nevada: Charged at the same rate as paper records (\$0.60 per page; minimum \$5.00, maximum \$40.00), plus actual postage and any applicable state-authorized fees.
Provider / Facility Name: _____
Fax: _____
Email: _____
☐ All Records:
Specific Dates of Services: _____ to _____
Specific Request: _____

By signing below, I acknowledge that I have been informed of the free digital access available through the Patient Portal. If I have selected an option that requires a fee, I agree to pay the associated processing fees.

Patient/Guardian Signature: _____ Date: _____