



AESTHETIC SPECIALTY CENTRE

plastic surgery + dermatology

MARC E. YUNE, M.D.
Facial Plastic & Cosmetic Surgery

1825 Old Alabama Road Suite #201. Roswell, GA 30076
P: 770.393.9000/ 706.467.6500
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RELEASE OF DR. YUNE'S MEDICAL RECORDS:

DATE: _____

I hereby authorize Marc E.Yune, M.D. to release the following medical records:

Patient Name _____ Patient Number _____

Date of Birth: _____ Social Security Number: _____

Records pertaining to: _____ Between the dates of: _____ and _____

Please specify the purpose of the release:

___ Transfer to another doctor
___ Transfer (insurance change)

___ Moving
___ Legal

___ Personal records
___ Other: _____

Please specify the desired method of release:

___ Pick-up ___ Mail (mailing rates will be applied)

___ Fax (please complete the information below; we may need to mail the records instead of faxing them)

Released To:

_____/_____
Name Phone/Fax Number

_____/_____
Address City, State, Zip Code

I have read and understand this consent for release of medical records and have voluntarily and knowingly signed such consent.

By signing this I am also aware there is a \$25.00 administrative fee and up to \$0.97/page copy fee.

Signature of Patient

If consent it necessary from a person authorized to give consent other than the patient:

Signature of Patient Representative

Relationship to Patient

Office use only:

Completed by: _____ Date records picked-up/ faxed/ mailed: _____

