

Main Clinic  
1618 S Millennium Way Ste 100  
Meridian ID 83642  
(208) 884-3376

*Ada West*  
**DERMATOLOGY**

Ten Mile Clinic  
4574 N Ten Mile Rd Ste 120  
Meridian ID 83646  
(208) 884-3376

**REQUEST FOR MEDICAL RECORDS TO ADA WEST DERMATOLOGY**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

**Purpose/Need for Records:**

- |   |   |
|---|---|
| <input type="checkbox"/> Personal                       | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Insurance                      | <input type="checkbox"/> School               |
| <input type="checkbox"/> Legal                          | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Treatment/Continuation of Care |   |

**Records Requested:**

- All Pathology/Labs/Imaging/Visit Notes  
 Pathology  
 Labs  
 Imaging  
 Visit Notes    Dates of Service:        from: \_\_\_\_\_ to: \_\_\_\_\_

**I authorize the following party to release the information indicated above to Ada West Dermatology:**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: **Ada West Dermatology**  
1618 S. Millennium Way, Suite 100  
Meridian, ID 83642

Phone: \_\_\_\_\_

Phone: (208) 884-3376

Fax: \_\_\_\_\_

Fax: (208) 884-0858

(1) I may revoke this authorization at any time by providing written notice to Ada West Dermatology, except to the extent that action has already been taken based on this authorization.

(2) I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Privacy Regulations.

(3) This authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits (as applicable) will not be conditioned upon my signing of this authorization form.

➤ **This authorization will expire one (1) year from date signed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date mailed/faxed: _____ by (initials): _____</p> <p>Date delivered to patient: _____ by (initials): _____</p>
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