

Craig Singer MD Dermatology, PLLC  
31000 Telegraph Road, Suite 260  
Bingham Farms, MI 48025  
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**Authorization for release of medical records:**

**Date:** \_\_\_\_\_

Patient Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby request a copy of my medical records be released to:

**Craig Singer MD Dermatology, PLLC**

31000 Telegraph Road, Suite 260

Bingham Farms, MI 48025

I request the following medical records be released from:(Name and address of medical practice)

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Attachments: \_\_\_\_\_

Office Visits: \_\_\_\_\_

Biopsies: \_\_\_\_\_

Entire record: \_\_\_\_\_

All records from these Dates:

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_

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