



WILLIAM J WICKWIRE M.D. INC

BEACH CITIES DERMATOLOGY 520 NORTH PROSPECT AVENUE, SUITE 302 - REDONDO BEACH, CALIFORNIA 90277
BEACH CITIES DERMATOLOGY OF WEST LA 3831 HUGHES AVENUE, SUITE 504B - CULVER CITY, CALIFORNIA 90232
PALOS VERDES DERMATOLOGY 827 DEEP VALLEY DRIVE, SUITE 101 - ROLLING HILLS ESTATES, CALIFORNIA 90274
BEACH DERMATOLOGY SEAL BEACH 500 PACIFIC COAST HIGHWAY, SUITE 212, SEAL BEACH, CA 90740
BIG BEAR DERMATOLOGY 40731 BIG BEAR BLVD. - BIG BEAR LAKE, CALIFORNIA 92315
HUNTINGTON BEACH DERMATOLOGY 16897 ALGONQUIN STREET, SUITE 106 HUNTINGTON BEACH, CA 92649
DERMATOLOGY AND LASER CENTER OF IRVINE 16300 SAND CANYON AVENUE, SUITE 612 IRVINE, CA 92618

Today's Date: _____

RELEASE RECORDS TO:

Dr: _____

Address: _____

Phone: _____ Fax: _____

I hereby authorize and request Beach Cities Dermatology to release my medical records, concerning my illness and/or treatment during the **last 5 years**. If any specific requests (i.e. pathology only etc.) please indicate below:

Special Request: _____

PRINT NAME: _____ Signature: _____

Date of Birth: _____

Patient's Address: _____

****If you are requesting medical records to be given to yourself, there is a minimum \$25 charge.**

Please be aware that the release of medical records via fax or email may not be secure methods and that you accept that the risk of medical information being accessed by others than those that are intended.