



Diseases of the Skin, Hair, and Nails
Mohs Micrographic Surgery for Skin Cancer

DISCLOSURE OF MEDICAL RECORDS

Patient Name : _____

IN ADDITION TO THE PATIENT AND TREATING
DOCTORS, SUCH AS FAMILY MEMBERS AND/OR
FRIENDS, PLEASE INDICATE WHOM WE MAY GIVE
TEST RESULTS AND/OR MEDICAL RECORDS
INFORMATION TO:

Name(s) of whom we may give results to : _____

Please ***DO NOT*** discuss my healthcare with anyone but myself.

Signature of Patient : _____

Date : _____