



Dermatology Specialists of Alabama, Florida, Georgia & Mississippi

Southeastern Dermatology Group, P.A. | Dermatology Specialists of Georgia, LLC

♦Aqua Medical Spa ♦30A Plastic Surgery ♦The Hair Transplant & Restoration Center ♦877.231.3376

HISTOLOGY LAB RECORDS REQUEST

Histology Lab records requests take 7 business days for processing. Complete all sections below along with the Medical Release Consent Form to prevent delays. Southeastern Dermatology Group, PA, reserves the right to deny any request for slides. Completed form should be emailed to medicalrecords@dermsolutionsgroup.com.

Name of Requestor: _____ Date of Request: _____

Relationship to Patient: Self Parent/Legal Guardian Other (describe) _____

Patient Name: _____ Date of Birth: _____

Mailing Address: _____

Phone #: _____ Email Address: _____

Reason for Request:

Surgery/Treatment at Another Facility Second Opinion Billing or Insurance Claim Other

____ (INITIAL) I request and authorize Southeastern Dermatology Group, PA, Histology Lab to release healthcare information including reports and slides of the patient named above to:

Self Other (fill in mailing information below)

Contact Name: _____ Institution: _____

Address: _____ Building/Floor/Box: _____

City/State/Zip: _____ Phone Number: _____

QUANTITY	MATERIALS REQUESTED	CASE(S) # OR DATE OF PROCEDURE
	H & E Slides (does not include special stains)	
	Reports	

Southeastern Dermatology Group, PA, uses regular US mail for materials shipment. We do not cover the cost of shipping by FedEx or UPS. If these are required, payment is the responsibility of the patient/requestor. Please provide shipping account number or provide pre-paid shipping label if FedEx/UPS shipping chosen:

Regular US Mail FedEx UPS Other _____

Patient pick up: 2505 Harrison Avenue, Panama City, FL 32405

All slides requested remain the property of Southeastern Dermatology Group, PA. These materials constitute an indispensable part of the patient's permanent record and must be maintained in our files for medical/legal purposes. These materials are sent as a professional courtesy and MUST be returned within 30 business days of receiving by mailing to Southeastern Dermatology Group, PA, Attention Walker Brown, 2505 Harrison Avenue, Panama City, FL 32405. If slides are needed for longer, please submit request for extension to LabOrders@dermsolutionsgroup.com.

Patient/Guardian Signature (required): _____ Date: _____