

## Medical Records Release Form For Mohs Surgery Patients

Mohs scheduling number: 731-784-4300

Fax: 731-241-0009

To: Medical Records / Patient Records	Request Date:
Physician:	_
Phone:	_
Fax:	
From: Jeniffer Gonzalez, Nurse Supervis	or
Fax: 731-241-0009	
Patient Name:	
DOB:	
This patient has been referred to Dr. Da office on	fnis Carranza for Mohs surgery and will be seen in our 
	otes as soon as possible as our physician would like or for review prior to appointment if necessary.**
<ul><li>□ CHART NOTES</li><li>□ PATHOLOGY REPORTS</li></ul>	

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Please call 731-784-4300 if you have any questions. We appreciate your assistance.