



NEWPORT BEACH
DERMATOLOGY &
PLASTIC SURGERY

RELEASE OF MEDICAL RECORDS TO:

To Doctor: _____

Address: _____

(City) (State) (Zip)

Phone: _____

Fax: _____

Please forward all my medical records to the following Doctor:

Anne Marie McNeill, M.D., Ph.D., Inc.

1441 Avocado Avenue, Suite 702 Newport Beach, CA 92660

(949) 706-7886 (949) 706-0681-fax

Patient Name: _____ Patient Birthdate: _____
(please print)

Signature of patient/guardian: _____

Witness Signature: _____