

# *Helton Skin and Laser Institute*

1901 Westcliff Drive, Suite 2 • Newport Beach, CA 92660

Phone: (949) 646-3376 Fax: (949) 646-3303

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## **MEDICAL RECORDS REQUEST FORM**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, SSN: \_\_\_\_\_, DOB: \_\_\_\_\_, hereby  
request to release all medical records pertaining to my treatment to the following:

Helton Skin and Laser Institute  
1901 Westcliff Drive, Suite 2  
Newport Beach, CA 92660  
949-646-3376 – Office  
949-646-3303 – Fax

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Witness Signature Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_