



Melanie R. Haynes, MD

9005 Belcher Road • Pinellas Park, FL 33782
(727) 545-3376 • Fax (727) 545-5003

Medical Records Release

I request that my medical records be released from: Skin Wellness Center
9005 Belcher Road
Pinellas Park, FL 33782
Attn: Medical Records

Please include all Dermatology office and surgical notes including pathology reports.

Please send them to: _____

- OR -

Please fax the requested information to _____.

Date of Request _____

Patient signature _____

Patient name _____

Date of birth _____



Melanie R. Haynes, MD

9005 Belcher Road • Pinellas Park, FL 33782
(727) 545-3376 • Fax (727) 545-5003

Medical Records Release

I request that my medical records be released from:

Doctor: _____

Address: _____

Phone: _____

Fax: _____

Please include all Dermatology office and surgical notes including pathology reports.

Date of Request _____

Patient signature _____

Patient name _____

Date of birth _____

Please fax the requested information to (727) 545-5003. Thank you for your assistance.