TUCSON Dermatology
Adult & Pediatric Dermatology
Cutaneous, Cosmetic & Mohs Surgery

Tracey Newlove, M.D FAAD
Adult & Pediatric Dermatology
Cosmetic, Cutaneous & Mohs Surgery

Tracy L. Thomas, M.D. FAAD
Adult & Pediatric Dermatology
Cutaneous & Cosmetic Surgery

DIPLOMATS, AMERICAN BOARD OF DERMATOLOGY

REQUEST FOR MEDICAL RECORDS

I, ____, hereby request my medical records from,

□ Tracey Newlove, M.D. □ Tracy L. Thomas, M.D. FAAD

Be released to:

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(Office Use)

Date of request:____

Signature: ____ Date of Birth: ___________________

Witnessed by: ____

Verified ID by: _____________________________________ Date: _________________________

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