

*Northeast Alabama*  
**DERMATOLOGY**  
*Diseases and Surgery of the Skin*  
Melinda Birchmore Musick, M.D.

RECORDS RELEASE

I hereby give permission for my medical records from the office of Dr.  
Melinda Birchmore-Musick to be released to:

Dr. \_\_\_\_\_  
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Signed: \_\_\_\_\_

Address \_\_\_\_\_  
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Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Witness: \_\_\_\_\_