



Heidi K. Anderson, MD  
Board Certified Dermatologist

### Medical Records Request

Bradley T. Kovach, MD  
Cathy Balestra, MD  
Monika Wrobel, PA-C  
Olivia Hemstreet, PA-C  
Rachel King, PA-C

Please Circle:

**TO / FROM:** Dermatology of Coastal Sarasota  
5310 Clark Rd, Suite 201  
Sarasota, FL 34233  
**Phone: 941-925-3627**  
**Med. records fax: 866-405-4932**

**FROM / TO:** \_\_\_\_\_  
Physician Name  
  
\_\_\_\_\_  
Phone Fax  
  
\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
City  
  
\_\_\_\_\_  
State Zip

**I hereby request and approve the release of my records:**

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patients Signature (or Guardian)

\_\_\_\_\_  
Patient DOB Today's Date