

VALLEY DERMATOLOGY

Keith A. Knoell, M.D.
Eli Crisler, FNP
Yara White, PA-C

2611 West Main Street, Ste 1
Waynesboro, VA 22980

AUTHORIZATION FOR MEDICAL RELEASE

Please transfer records to/from:

- All Records
 Pathology Report – dates/test/site requested _____
 Blood Work Results – dates/test requested _____
 Specific Records _____

To/From:

Valley Dermatology
2611 W. Main Street, Ste 1
Waynesboro, VA 22980
Fax:540-221-6704

Name: _____

DOB: _____

Signature: _____

Date: _____