



North Florida Dermatology Associates, P.A.

Board Certified in Dermatology and Dermatologic Surgery

Providers

- Frank E. Schiavone, M.D.
- Robert G. Brown, M.D.
- Leonard A. Shvartzman, M.D.
- Jonathan Kantor, M.D.
- Sonia Espinoza, M.D.
- Michelle Sanson, P.A.-C
- Randolph B. Mahoney, P.A.-C
- Alice Beard, P.A.-C

PLEASE ALLOW 3-5 DAYS FOR RECORDS TO BE PROCESSED FOR PICK-UP OR TO BE MAILED OUT.

Date: _____

Patient: _____

SS #: _____

Date of Birth: _____

Sex: _____

I, the undersigned, authorize and request North Florida Dermatology Associates P.A. to release a copy of the above named patient records to:

Clinical Research Director

- Lisa Thomas, BS, CCRS

Please send copies of the following: _____

Locations

Riverside
1551 Riverside Avenue
Jacksonville, FL 32204

Baptist Pavilion
836 Prudential Drive
Suite 1507
Jacksonville, FL 32207

Orange Park
1893 Kingsley Avenue
Suite A
Orange Park, FL 32073

Beaches
50 A1A North, Suite 103
Ponte Vedra Beach, FL 32082

St. Augustine
200 Southpark Boulevard
Suite 209
St. Augustine, FL 32086

The purpose for which this information is being requested is:

Signed: _____

Relation to Guardian: _____
(Parent/Guardian)

Witness: _____

Please be advised that the cost of copying is \$1.00 per page for the first 25 pages and \$.25 per page thereafter which is due before we can release any records. There is a charge for the physician to review/fill out any cancer policies or disability claims.

Facsimile Numbers:

- Riverside: 904-354-0673
- Baptist: 904-396-0428
- St. Augustine: 904-824-8717
- Beaches: 904-567-1046
- Orange Park: 904-272-4097