



**Radiant Complexions  
Dermatology Clinics**

# Medical Records Release Request

Date: \_\_\_\_\_

I hereby authorize and request a copy of my medical records as detailed below:

- \_\_\_\_\_ Full medical record held by this office
- \_\_\_\_\_ Medical record for the period of \_\_\_\_\_ through \_\_\_\_\_
- \_\_\_\_\_ A specific portion / section of the record as follows:

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To Release To (Please Circle Appropriate Clinic):

**Radiant Complexions Ames**

2010 Philadelphia Street  
Ames, IA 50010-8784  
**(515) 232-8844**  
**Fax: (515) 232-8855**

**Radiant Complexions South**

5921 SE 14th Street, Ste. 2500  
Des Moines, IA 50320-1746  
**(515) 287-5757**  
**Fax: (515) 287-0063**

**Radiant Complexions Ankeny**

1510 SW Oralabor Rd, Ste. C  
Ankeny, IA 50023  
**(515) 964-3467**  
**Fax: (515) 964-3672**

**West Des Moines Radiant Complexions**

9500 University Avenue, Suite 1114  
West Des Moines, IA 50266  
(515) 221-8960  
**Fax: 515-303-2290**

**Radiant Complexions Urbandale**

3729 86th Street  
Urbandale, IA 50322-4088  
**(515) 277-2813**  
**Fax: (515) 277-2814**

**Iowa Dermatology (at Lakeview)**

6000 University, Suite 350  
West Des Moines, IA 50266  
**(515) 226-8484**  
**Fax: (515) 226-8487**

**Radiant Complexions Marshalltown**

26 S 1st Ave Ste 100  
Marshalltown, IA 50158  
**(641) 753-2150**  
**Fax: (641) 753-2509**

**Radiant Complexions Chandler**

270 West Chandler Heights Road, Suite 4  
Chandler, AZ 85248-5084  
**(480) 726-7546**  
**Fax: (480) 883-7546**

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**Patient's Full Name**                      **Date of Birth**

**Radiant Complexions Surprise**

16952 West Bell Road, Suite 304  
Surprise, AZ 85374  
**(623) 584-3588**  
**Fax: (623) 584-3589**

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**Signature of Parent or Guardian**