

Ladera Park Dermatology, P.A.  
Janet C. DuBois, M.D.  
Adrienne M. Feasel, M.D.  
11671 Jollyville Rd. Ste. 104  
Austin, Tx. 78759

Name: \_\_\_\_\_

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

SSN: \_\_\_\_\_

I \_\_\_\_\_ authorize Dr. DuBois, Dr. Feasel and  
staff to discuss my medical records with \_\_\_\_\_.

Relationship to patient \_\_\_\_\_.

This permission will remain in effect unless revoked by me in writing.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness