



Medical Records

- ❖ 1st page \$1.00
- ❖ Subsequent Pages \$0.50 per page

As a courtesy we will provide the last two (2) office visits at no charge. Entire medical record request at nominal fee as indicated above)

(We are not able to provide total cost for entire record request prior to printing)

(Basic fee must be paid at initial request and additional fee if any) before records are released).

I acknowledge that the Non- Insurance Covered Paperwork Fee Policy has been explained to me and I've had the opportunity to ask any and all questions related to this policy of Beauty thru Health Dermatology, P.C. to my satisfaction.

My signature below confirms my agreement to pay these fees at the indicated rates for the services I have requested that are not insurance covered.

Signature _____ Date _____

(Must be completed by parent/guardian 18 years or older)

Photo ID Required for all email requests.

Witness_(staff) _____ Date _____

**Please mail your request to: Beauty thru Health
PO Box 187 Nicoma Park, OK. 73066
Or Email: beautythruhealth@gmail.com**