

Purple Lily Aesthetics
Liliana Torres-Popp, M.D., F.A.C.S.
Wendy Banks, R.N.

1120 Spring Street
Jeffersonville, IN 47130

(812) 282-3060

Medical Records Release Form

I am giving my authorization (signature required below) to release a copy of my confidential health information about me from Purple Lily Aesthetics, Liliana Torres-Popp, M.D. Missing information may delay release of records.

To: _____
(entity, physician, facility)

Address: _____
Street City Zip Code

Telephone: () Fax: () _____

Please check and/or circle information requested:

Records requested:

- History and physical
- Treatment records of: Botox, fillers, Kybella (please circle those that apply)
- Skincare treatments: Microneedling w/wo PRP
- Body Contouring treatments: Vanquish, Protégé
- Other: _____

The purpose/reason of this release of information is as follows:

Patient name (print)

Signature of patient or personal representative

Patient Date of Birth or Social Security Number

Printed name of patient or personal representative

Date
()

Description of personal representative's authority
(Must include documentation)

Phone Number, including area code

Please mail the **request and payment** to the attention of:
Dr. Liliana Torres-Popp
1606 Nole Drive
Jeffersonville, IN 47130

There is a \$15 fee for the records, which must accompany this release form, made payable to Liliana Torres-Popp. Please allow up to 30 days for your request, however all requests will be handled as soon as feasible. Additional requests are \$15.