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**Norris Dermatology**  
*and Lasers Northwest*

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

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to  
release the following indicated records:

- \_\_\_\_\_ Labs
- \_\_\_\_\_ Medical Records
- \_\_\_\_\_ Pathology Reports

To:

Patricia L. Norris, MD & Sissel Kjelstrup, MD  
Board Certified Physicians and Surgeons  
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Portland, OR 97210  
Office: (503) 227-7117  
Fax: (503) 227-7120

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

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