

Hecker Dermatology Group, P.A.

To update our records, please complete the following form.

Name: _____

Email Address: _____

Best Phone # to reach you: _____

Best way to contact you: (select one)

For Biopsy/Lab: Phone Email

For Appointments: Phone Email

Whom may we give your Biopsy/Lab results to?
(select all that apply) - Only to me -My spouse

-My children/child:
Please specify name(s): _____

-My parent(s):
Please specify name(s): _____

-Legal Guardian*:
Please specify name(s): _____

-Power of Attorney*:
Please specify name(s): _____

* For Power of Attorney and Legal Guardian, appropriate written documentation must be supplied to this office BEFORE release of any protected healthcare information.

Would you like to receive monthly notification of Email Specials from Hecker Dermatology Group, P.A.? (select one) Yes No

Hecker Dermatology Group, P.A. does not sell/lease emails. All information is confidential.



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