



---

1310 W. St. Mary's Road, Suite A | Ph: 520-333-5973 | Fax: 520-221-2318 [info@yourskinconcierge.com](mailto:info@yourskinconcierge.com)

**Rachel Schacht, MD, FAAD**

October 3rd, 2024

Dear Valued patients of Skin Concierge :

It is with much regret and sorrow that I need to inform you that due to multiple urgent medical issues, I will be taking a Medical Leave of Absence, effective immediately. At this time, it is unclear if and when I will be able to return to work. As always, my priority remains quality patient care and continuity of care.

I understand how important your health care needs are and want to ensure that you continue to receive the quality of care that you deserve. To assist you, I recommend verifying with your insurance company which Dermatologists in the area are contracted with your specific insurance. We are referring patients to Healthy Skin Dermatology, DMC Dermatology, Pima Dermatology and for Carelon plans, The Specialists in Dermatology.

If you have any urgent medical concerns or need assistance during this time, please do not hesitate to reach out to Destiny, our office manager, at (520) 333-5973 Ext 105 who will be remaining in the office until October 17th. If there is something specific you need to address with me directly, you can reach me at the email: [info@yourskinconcierge.com](mailto:info@yourskinconcierge.com). Please do not hesitate to reach out to us to help you find the necessary resources or need me to contact your new provider to expedite the process in getting you an appointment sooner. Dermatology offices often schedule months in advance. Please establish care, sooner rather than later, to stay on your current regimens and Full Body Skin Exams.

Enclosed is a Release of Medical Information form, in order to expedite transferring your records to your new provider, please sign and return the form to [info@yourskinconcierge.com](mailto:info@yourskinconcierge.com) and we will forward them electronically to you or the provider of your choice. You may also mail back the request to the practice address.

I appreciate your understanding and support during this challenging time and I look forward to returning to practice in the future. Please take care of yourselves and thank you for being such valued patients. Oreo (the derm dog) will miss you all as well.

Sincerely,

A handwritten signature in black ink that reads "Rachel Schacht, MD, FAAD". The signature is written in a cursive, flowing style.

Rachel Schacht, MD, FAAD

AZ License 30018



1310 W. St. Mary's Rd Ste A. Tucson, AZ 85745

(P)520-333-5973 (F)520-221-2318

MEDICAL RECORDS RELEASE

I hereby consent for Skin Concierge to request or release copies of my medical records.

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Release records to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of records requesting/Dates: \_\_\_\_\_

Please specify how you want the records released :

FAX EMAIL MAIL

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RACHEL SCHACHT M.D./PATRICIA FERRER PA-C



## **ADDITIONAL INFORMATION**

**For Prescription Refills:** If you require refills on your medications while I am absent, please contact us at the [info@yourskinconcierge.com](mailto:info@yourskinconcierge.com). We will assist you in obtaining the necessary prescriptions

**Follow- Up Appointments:** For follow-up appointments or ongoing care, please contact your new provider following the steps above sooner rather than later. If you are having trouble getting an appointment, I will be happy to contact them directly to explain the need to expedite your scheduling

**Updates:** I will do my best to keep you updated on my situation. Please check the website: [www.yourskinconcierge.com](http://www.yourskinconcierge.com) for any updates regarding Skin Concierge

**Emergency Situations:** In case of a medical emergency, please do not hesitate to visit the nearest hospital or call 911.

Your health is of utmost importance to me, and I am committed to ensuring that you continue to receive quality and continuity of care during my absence. Thank you for your understanding and support during this difficult time

Best of health to you,

Rachel Schacht, MD, FAAD  
AZ License #30018