



HERA Health Care

A Holistic Esthetic Restorative and Anti-Aging Medical Practice

Seek your Inner Goddess!

***RELEASE OF HEALTH CARE INFORMATION* PATIENT AUTHORIZATION**

To: _____

Address: _____

Phone #: _____ Fax #: _____

I hereby authorize and request you to release to:

HERA Health Care

Dr. Mirela Cernaianu

910 Hampshire Rd., Suite A

Westlake Village, Ca, 91361

Ph# 805-379-9110 Fax# 888-972-9656

The information to be released is:

Specify Date(s) of Service:

Summary	<input type="checkbox"/> Entire Medical Record	<input type="checkbox"/> Emergency Room Record	<input type="checkbox"/> Discharge
Reports	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Operative Report
	<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Radiology
	<input type="checkbox"/> Billing Records	<input type="checkbox"/> Other	

During the period from _____ to _____

Name: _____

DOB: _____

Signature : _____

Address: _____

Requested Date: _____ Phone #: _____