

# Stacy L. Waneka, M.D., Inc.

Diplomate, American Board of Family Medicine

Dear Patient:

There is no fee associated with transferring records directly to another treating physician. There is a \$15.00 flat fee for a copy of your records. Be advised there is a higher fee associated with accessing any medical records that have been sent to storage. If your records are in storage, there is a fee of \$36.00 for the first 25 pages and an additional \$25.00 for each additional 50 pages.

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## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I would like my records released from:

Stacy L. Waneka, M.D.  
22287 Mulholland Highway, #358  
Calabasas, CA 91302  
Efax: (310) 496-0886

Please note that any past billing or medical record inquiries need to be directed to  
**stacy@drwaneka.com**

I hereby agree to pay the charges specified above and give permission for my medical records to be copied and released to:

\_\_\_\_\_  
(Name of physician, clinic, facility)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Fax number)

\_\_\_\_\_  
PATIENT NAME (Print)

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

\_\_\_\_\_  
PATIENT (or parent/guardian) SIGNATURE

\_\_\_\_\_  
Date

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient (to the extent minor could not have consented to the care)
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient