



Request for Records Release

The following individual has requested that his or her relevant medical records be released and forwarded.

Patient Name : _____

Birthdate: ____/____/____ Social Security Number: _____

From Terence L. Chen, M.D.
To Oana V. Spataru, MD
122 La Casa Via, Ste 222
Walnut Creek, CA 94598
Phone: (925) 937-0404
Fax: (925) 937-1340

From Physician Name: _____
To Address: _____

From Self: _____
To _____

- Entire Record OR Progress Report Discharge Summaries
Consultations Operative Reports
Laboratory Reports Pathology Reports
Radiology Reports EKG Reports
Others: _____

By initializing, I specifically authorize the release of the following confidential information:

- HIV/AIDS test results, and treatment notes.
Drug or alcohol abuse tests, and treatment notes.
Psychiatric or mental illness consultations, and treatment notes.

I hereby authorize the release of my medical records to the party indicated above.
I wish them to be forwarded as soon as possible. This release expires one year from today.
I understand that I may revoke it by written request at any time.

Patient Signature: _____ Date: _____