



DEMERA

7045 N. Maple Ave.
Suite 108
Fresno, CA 93720
559 431 0340
559 431 0301 fax
www.DeMeraAllergy.com

RECORDS RELEASE

Date: _____
To: _____

I, _____

Hereby request my (PHI) personal health information be released to:

Richard S. DeMera, M.D.
DeMera Allergy Asthma & Immunology
7045 N. Maple Ave. Suite 108
Fresno, CA 93720

Patient Name (Please Print) Date of Birth

Signature of Patient or Guardian Date

Witness Date

Type of Information Requested:

- CT Sinus Report + CD
 - Sinus x-ray report + CD
 - Labs
 - Other _____
- _____