

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.

---

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

I would like my records released from:

Stacy L. Waneka, M.D.  
881 Alma Real Drive, Suite 316  
Pacific Palisades, CA 90272  
Phone: (310) 454-1317  
Fax: (310) 454-1709

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