



DEMERA

540 E. Herndon Ave.
Suite 101
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.
- Bret E. Sherman, M.D. Ph.D., FACS
- Jennifer Ruch, CPNP
- Jessica Halstead, FNP-C
- Karen Segovia, CPNP

DeMera Allergy Asthma & Immunology Center
540 E. Herndon Ave. Suite 101
Fresno, CA 93720

Patient Name (Please Print) Date of Birth

Signature of Patient (Guardian if minor) Date

Type of Information Requested:

All Labs, Tests, X-rays, CTs, Studies, etc...

Sinus X-ray Report, Hard copy, and /CD

Labs _____

Sleep Study (both home sleep study(HST) or overnight sleep study)

Hearing Test (full audiogram report)

pH Probe Study (full 24 hour pH data sheet)

Videostroboscoby

Other _____