



Dr. Vyacheslav Alec Pekler NMD

7025 Aldea Ave., Lake Balboa, CA 91406

Direct line: 818-635-1970 Fax: 818-698-7092 Email: DrAlecPekler@gmail.com

www.DrHakunaMatata.com

Instructions for Requesting Medical Records

Your medical records are very important in Dr. Pekler's evaluation of your case. Gather as much information as possible, going as far back as possible, even if you saw a doctor only once. Diagnostic testing, including blood tests, MRI's and CAT scans, medications, treatment notes and reports are just a few examples. You may have been told you that your test results were "normal" but Dr. Pekler may see something different in the results as his evaluation methods are combined to view them as a conventionally trained physician as well as a holistic practitioner.

Here are some tips to help you gather your medical records:

1. IT IS YOUR RIGHT to obtain a copy of your medical records. On the next page is a Medical Records Release Authorization form. Print out a copy for each doctor you have seen and complete each form with their information.
2. Enclose or send a copy of your driver's license, government I.D. or your passport with the Medical Records Request Authorization form.
3. It is recommended that you go into the doctor's office personally to submit the form. Have the records sent directly to you, this way you know which records have been released and which records you need to follow up on to get them released. If you have records sent directly to us, please follow up with us to make sure we have received ALL your records.
4. Often a request for records will be put on the "back burner" and forgotten. Follow up frequently with each doctor's office until they send your records.
5. If you are having a difficult time obtaining any records, please do not hesitate to contact our office for assistance.



MEDICAL RECORDS RELEASE AUTHORIZATION

Doctor / Hospital: _____

Address: _____

Phone Number: _____ Fax Number: _____

Patient Information:

Date: _____

Name: _____ Date of Birth: _____

Patient Address: _____

City: _____ State: Zip: _____

Home Phone: _____

Work Phone: _____

I HEREBY AUTHORIZE AND REQUEST THE RELEASE OF MY MEDICAL RECORDS TO:

Me Personally: _____ (Put a check mark). Send My Records to:

And/or to: _____ (Put a check mark)

DrHakunaMatata.com
Dr. Vyacheslav Alec Pekler
7025 Aldea Ave., Lake Balboa, CA 91406
Phone: 818-635-1970; Fax: 818-698-7092

Delivery Method:

Fax _____ Mail Copies _____



Purpose of Request:

Medical Care _____ Personal _____ Legal _____ Continuing Care _____

Discuss Medical Information _____

Information to be Released:

_____ Please provide a complete copy of my medical history including all diagnostic and/or laboratory test results

_____ Please provide a complete copy of my all diagnostic and/or laboratory test results only

Other (Please specify): _____

Authorization to Release Protected Information (Initials):

_____ I DO _____ I DO NOT want Mental Health information released Initials:

_____ I DO _____ I DO NOT want information about HIV Tests & Related information released

_____ I DO _____ I DO NOT want information about Alcohol and/or Substance Abuse released

_____ I DO _____ I DO NOT want information about Genetic Testing released Initials:

_____ I DO _____ I DO NOT want information about released Initials:

THANK YOU IN ADVANCE FOR YOUR COOPERATION.

Patient's Signature: _____

Date: _____

Patient's Name: (Please Print): _____

If Patient Is a Minor Signature of Parent or Legal Guardian Relationship to Patient:
