

Geetha Priyanka, M.D. Primary Care and Geriatrics

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## **AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient	's Name:	Date of Birth:	
Previou	s Name:	Social Security #:	
I request and authorizeinformation of the patient named above to:		to release healthcare	
	Bak	pa Healthcare, Inc.	
	948 South Wickham Road, Suite 101 West Melbourne, Florida 32901		
Telephone: (321) 956-7370 – Fax: (321) 956-7873			
Dr. Geetha Priyanka, M.D. – Natsuko Okamura, <i>APRN</i> – Michele Howe, <i>APRN</i> – Assel Kaliyeva, <i>APRN</i>			
HIV or A	AIDS, Communicable diseases, Treatment and billing of all conditions.	nedical records including but not limited to Mental Health, ent of alcohol/drug abuse Diagnosis, lab tests, prognosis, the following treatment, condition, or dates:	
	All healthcare information		
	Other:		
Patient	Signature:	Date:	