

martha e. stewart, md olivia a. gioe, md

board certified dermatologists

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT NAME:			DATE OF BIRTH:
	(LAST, FIRST)		
HEREBY REQUEST AND AU	JTHORIZE:		
O RELEASE MY PROTECTE	D HEALTH INFORMATION TO:		
Martha E. Stewart, MD			
Olivia A. Gioe, MD			
4060 Lonesome F			
Mandeville, La 70	0448		
P) 985-727-7701			
F) 985-727-7375			
ourpose of this Disclosure:_			
NFORMATION TO BE DISCL	OSED (check all that apply):	Start Date	End Date
_ X-Ray Tests / Reports		a a	
Illaham and Di	mination		
_ History and Physical Exa			
_ Discharge Summary			
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