1



Robert M. Harper, MD Mark A. Knautz, MD Paige B. Camp, MD George F. Dobo, MD Jared S. Friedman, MD Piyush Raman, DO Elizabeth Richwine, MD Adam G. Perry, MD Jamie Groh, MD Jessica Harris, MD

Shana Hackworth, PA-C Aimee Mitchell, PA-C
Erin Barnett King, PA-C Patricia Flynn, PA-C Stephen Steiner, PA-C
Casey Nelson, PA-C Beth Gundy, PA-C Lisa Hill PA-C
Kelly Houmand PA-C

## STRATA MEDICAL INFORMATION RELEASE FORM

I, the undersigned patient, intend by information from my healthcare prodetermination of benefits, pre-authorexcimer laser.	ovider and insurance car	rrier and to represe	ent me and act	t on my behal	f as authorize	d representative	e regarding pre-
I also hereby authorize:laser treatment, including, by not lin	mited to, all my past me	_ (provider) to releaded and history, and	ease copies of current medic	f all informatical condition.	on in my me	dical records re	lating to XTRAC
I have read, or had read to me, all the	ne above and understand	d all parts of this a	uthorization.				
Patient signature		Date					
Witness signature		Date					
I want to know if my insurance concontact information if they reach my			•		A will leave	a discreet messa	age along with its
Home:		_					
Cell:		_					
Work:	ext:	<del>_</del>					
email:		_					

Account Number: