

Allergy & Asthma Specialists, LTD.

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Medical Record Release

Release Medical Records To / From (Circle One)

Allergy & Asthma Specialists, LTD
 1704 Sir William Osler Drive
 Virginia Beach, VA 23454
 Phone: 757-481-4383 Fax: 757-481-4611

Release Medical Records To / From (Circle One)

Information Requested

- Complete Medical Record PFTs Other: _____
 Labs Allergy Skin Test/Formula/Shot Record _____
 X-Ray Reports Medical Record from Previous Year _____
 CT Report

Patient Information

Please Print

Patient Name: _____ Date of Birth: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone Number: _____
 Legal Guardian (if applicable): _____ Relationship: _____

Terms of Disclosure

By signing this release, I hereby authorize you to release the medical information indicated above. I understand this authorization will remain in effect for two years unless otherwise indicated. I have the right to revoke this authorization in writing at any time by writing to the health care provider listed above, except to the extent that action has already been taken based on this authorization. Information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. My healthcare and payment of that healthcare will not be conditioned upon receipt of this signed authorization.

Signature of Patient

Date: _____

Signature of Legal Guardian (if applicable)

Date: _____