



MEDICAL RECORDS RELEASE FORM

Patient Name: _____

Parent Name: _____

Patient Date of Birth: _____

Social Security Number: _____

Releasing Physician: _____

Address: _____

Phone Number: _____

Please send copies of the following records:

History and Physical

Discharge Summary

Consultation Reports

Progress Notes or Summary

Laboratory Reports

All skin tests/RAST results

Exact Composition of allergenic extract:
antigens, concentration, and manufacturer

X-ray reports

Pulmonary Function Studies

Emergency Room Reports

Other

Patient Signature

Date

Please send all information to:
Allergy and Asthma Healthcare
Maria D Sabio, MD
Ernesto Ruiz-Huidobro, MD
816 South Kirkwood Road, Suite 200
Kirkwood, MO 63122
314-821-2100 phone
314-822-7726 fax