



**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**