



**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

**Daniel F. Soteres, MD, MPH**  
Diplomate of the American Board of  
Allergy and Immunology

**Luke M. Webb, MD**  
Diplomate of the American Board of  
Allergy and Immunology

**James W. Fulton, MD, MS**  
Diplomate of the American Board of  
Allergy and Immunology

**Debra Walters, MSNP**  
Nurse Practitioner - Certified

**Wendy Bulow, MMSc, PA-C**  
Physician Assistant - Certified

**Deborah Sweet, FNP-C, MSN**  
Nurse Practitioner - Certified

**Lauren Wiczorek, NP-C**  
Nurse Practitioner - Certified

**Patient Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Former / Maiden Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Daytime Fax:** \_\_\_\_\_

**Authorization to: release records FROM Asthma & Allergy Associates to:**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Requested Items (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Office Notes     | <input type="checkbox"/> Extract Recipe    |
| <input type="checkbox"/> X-Ray Reports    | <input type="checkbox"/> Injection Records |
| <input type="checkbox"/> Skin Test Sheets | <input type="checkbox"/> All Records       |

**Reason for Release:** \_\_\_\_\_

**A copy of this authorization may be used with the same effectiveness as the original. I hereby release the receiving and/or releasing parties from any liability, which may result from furnishing the information requested. This release will remain in effect for 180 days unless revoked in writing at an earlier time.**

**Signature of the patient is required of all patients' 18 years of age or older. A parent or legal guardian must sign if the patient is a minor.**

\_\_\_\_\_  
**Signature of Patient/Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Date**

**Please be aware that this is a fee for the release of medical records. If they are being released to the patient or legal guardian, or attorney, the fee will be \$16.50 for the first 10 pages and \$0.75 per page for pages 11-40 and .50 per page thereafter. Insurance Companies and SSA— pay a flat fee of \$35.00.**