

DFW Asthma & Allergy Center

Medical Records Release Form

4674 McDermott Rd Suite 310, Plano, TX-75024

Dr. Aasia Ghazi, M.D

email: info@dfwallergycenter.com
web: www.dfwallergycenter.com

Phone: 972-636-1750 Fax: 972-924-0388

Authorization to release medical records to DFW Asthma & Allergy Center

Patient Name: _____ Patient ID: _____ Date: _____

Parents name (if minor): _____

Patients Birthdate: _____ Social Security: _____

Period of care: _____

To _____

Please provide my medical information requested below in your office from _____ to _____.

Requested records include:

- Initial History & Physical
- Progress Notes
- Consultation Reports
- Laboratory reports
- Records received from outside health care provider
- All skin tests
- Allergen Extract composition
- Office spirometry/Pulmonary function test
- Imaging studies
- Hospital records

Please fax or mail my records to

DFW Asthma & Allergy Center
4674 McDermott Rd. Plano, TX 75024
Fax 972 924 0388

Thank you,

Print name _____ Signature _____ Date _____

Patient representative _____ Signature _____ Date _____