

Allergy & Immunology, PLC's
ASTHMA & ALLERGY CENTER
Specializing in Allergic, Asthmatic & Sinus Conditions
Telephone (540) 343.7331 Fax (540) 343-7349

1505 Franklin Road, SW
Roanoke, Virginia 24016

Patient Medical Records Transfer and Release Form

Dane C. McBride, M.D.
FACAAI, FAAP
Diplomate, American Board of
Allergy & Clinical Immunology

Patient Name: _____ Date requested _____

Luis A. Matos, M.D.
FACAAI, FICPS
Diplomate, American Board of
Allergy & Clinical Immunology

Address: _____

Phone: _____ Date of Birth: _____ SS# _____

Saju S. Eapen, M.D.
Diplomate, American Board of
Allergy & Clinical Immunology

If child, parent's name(s): _____

Records to be released to: _____

Shannon M. Cohen, FNP

Address: _____

Phone: _____ Fax: _____

Reason for release of records: _____

Note: There will be a charge of \$.50 per page to mail or fax with a minimum charge of \$5.00.

I authorized the Asthma & Allergy Center to release medical records to
_____ with the understanding that there
will be a charge of \$.50 per page or a minimum of \$5.00.

Signature of patient or Guardian Date Witness

Date medical records sent: _____ Sender: _____