Theodore J. Chu, MD, Allergy and Asthma, Inc.; Alan M. Heller, MD, Inc.
Practice Limited to Allergic Diseases and Asthma in Children and Adults
130 Bellerose Drive • San Jose, CA 95128 • T (408) 816-8923 • F (669) 242-7914 • www.chuallergy.com

Release of Medical Records

Name: ______________________________

Date of birth: ______________________ Phone number: ______________________

I hereby authorize the release of the following items from my medical record:

- ☐ Patient visit notes
- ☐ Skin testing
- ☐ Allergy immunotherapy records
- ☐ Lung function testing
- ☐ Radiology – Xrays, CT/MRI, etc.
- ☐ Labs, Pathology reports
- ☐ Correspondence
- ☐ Other: ______________________

From:

Name: ______________________________

Suite: ______________________________

Phone number: ______________________

Fax number: ______________________

To:

Name: ______________________________

Suite: ______________________________

Phone number: ______________________

Fax number: ______________________

This authorization is voluntary and is effective from the date listed below. It can be revoked at any time upon request.

____
Signature

______________________________ ______________________________
Printed Name Date