## 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 • <u>www.chuallergy.com</u>

## Release of Medical Records

| Name:   |                                    |
|---|------------------------------------|
| Date of birth:  | Phone number:                      |
| <ul> <li>I hereby authorize the release of the follow</li> <li>□ Patient visit notes</li> <li>□ Skin testing</li> </ul>   | ving items from my medical record: |
| <ul> <li>Allergy immunotherapy records</li> <li>Lung function testing</li> <li>Radiology - Xrays, CT/MRI, etc.</li> <li>Labs, Pathology reports</li> <li>Correspondence</li> <li>Other:</li></ul> |                                    |
| From:<br>South Bay Allergy and Asthma Inc.  | To:<br>Theodore J. Chu, MD Alle    |

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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