allergy asthma
Consultants of Fairfield County

Aimee Altschul-Latzman, M.D.
ADULT & PEDIATRIC ALLERGY, ASTHMA & IMMUNOLOGY

MEDICAL RECORDS RELEASE REQUEST FORM

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE MY MEDICAL RECORDS TO:

DR. AIMEE ALTSCHUL-LATZMAN

ADDRESS:
140 SHERMAN STREET, 3RD FL
FAIRFIELD, CT 06824
TELEPHONE: (203) 955-1461
FAX: (203) 955-1464

□ PLEASE INCLUDE INITIAL CONSULT WITH PHYSICAL EXAM, ALL ALLERGY PROGRESS NOTES, ALL ENVIRONMENTAL, FOOD, VENOM, AND DRUG SKIN TEST RESULTS, SPIROMETRY TESTS, LABORATORY TESTING, AND UP TO DATE IMMUNOTHERAPY RECORDS.

□ I AM AN (ALLERGY SHOT) IMMUNOTHERAPY PATIENT. PLEASE INCLUDE MY UP TO DATE IMMUNOTHERAPY DOSE RECORDS.

PATIENT NAME_____/_____
First Last

DATE OF BIRTH_____/_____/_____

ADDRESS_____
_____
_____

SIGNATURE_____ DATE____/___/____

RELATIONSHIP TO PATIENT_____

□ CHECK HERE IF I WILL BE PICKING UP MY MEDICAL RECORDS IN PERSON

□ PLESE FAX OR MAIL RECORDS TO DR. AIMEE ALTSCHUL-LATZMAN'S FAX # OR MAILING ADDRESS ABOVE.