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Asthma, Allergy, and Immunology • Pediatric Pulmonary Disease

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AUTHORIZATION FOR RELEASE
OF
MEDICAL RECORDS

FROM: **Steven G. Weiss, MD** **Leah R. Chernin, DO**
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Patient: _____ Date of Birth: _____

Please forward medical records to:

I hereby authorize and request you to release any and all information which you may possess relating to my examinations and illnesses.

History/Physical/Notes _____
Skin Tests _____
Immunotherapy recipe _____
Laboratory results _____

Signed _____ Date: _____

Witnessed _____ Date: _____