TAMPA BAY ALLERGY, LLC
a Division of Florida Pediatric Associates

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

TO: _____
_____
_____
_____

Patient: _____ Date of Birth: _____

Please forward medical records to:

Steven G. Weiss, MD, Leah R. Chernin, DO & Constance Bindernagel, DO
3251 McMullen Booth Rd. Ste 300
Clearwater, FL 33761
Tel: 727-791-3337
Fax: 727-725-2577

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 _____