

Western Springs Asthma & Allergy SC
5600 S. Wolf Road, Suite 135
Western Springs, IL 60558
Office: (708) 246 – 4515
Board Certified in Allergy, Asthma & Immunology

RECORDS RELEASE TO OUR PRACTICE

Patient: _____ Date of Birth: _____

Records during the time period of _____ to _____

Requesting records from: _____

Records should be released to: WESTERN SPRINGS ASTHMA & ALLERGY

FOR FAXES OVER 10 PAGES, USE: 507-204-2015

For faxes under 10 pages, use fax: 708-246-4502

Records to Include:

- All
- Allergy skin Testing
- Patch Testing results
- Spirometry/PFT
- IgE ImmunoCap/RAST (allergy blood tests)
- Other blood test laboratory Results
- Radiology Reports (X-rays, CT, MRI)
- Immunotherapy (allergy injections) Schedule
- Other: _____

Patient or Guardian Signature

Relationship if Minor

Date

Witness