

# Allergy Consultants, P.A.

Specialists in Pediatric and Adult Allergy, Asthma, and Sinus Disease

Arthur F. Fost, M.D. • David A. Fost, M.D. • Anthony J. Piccolo, PA-C

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

## **Requesting records from:**

Allergy Consultants, P.A.

197 Bloomfield Avenue  
Verona, NJ 07044  
P (973) 857-0330  
F (973) 857-0980

89 Sparta Avenue  
Sparta, NJ 07871  
P (973) 726-8830  
F (973) 726-8924

## **Types of records we are requesting**

Any and all types of records you have for this patient

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor visit notes           | <input type="checkbox"/> Doctors orders             |
| <input type="checkbox"/> Emergency Room notes         | <input type="checkbox"/> Nurses notes               |
| <input type="checkbox"/> Urgent care notes            | <input type="checkbox"/> Discharge Summary          |
| <input type="checkbox"/> History and physical         | <input type="checkbox"/> Lab reports                |
| <input type="checkbox"/> Hospital Progress Notes      | <input type="checkbox"/> Radiology Reports          |
| <input type="checkbox"/> Operation or procedure notes | <input type="checkbox"/> Consultations              |
| <input type="checkbox"/> Clinic notes                 | <input type="checkbox"/> Other immunotherapy record |
| <input type="checkbox"/> Pathology reports            |   |

## **Records within the following dates:**

All records for this patient

Records dated between \_\_\_\_\_ and \_\_\_\_\_

## **Please send records to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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WWW.SNEEZEDOCTORS.COM

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