

# Allergy Consultants, P.A.

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

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## Obtain Medical Records for Review

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

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

### Requesting records from:

Name of Practice: \_\_\_\_\_

### Types of records we are requesting

- Lab reports
- Radiology Reports
- Consultations

- Allergy Skin Testing results
- Immunotherapy Record
- Emergency Room notes
- Pathology Reports

### Records within the following dates:

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

Please release the information identified in the authorization form from the medical records of the above mentioned patient, and provide such information to: (please circle the office you were seen in)

### **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**

Attention: \_\_\_\_\_

### Purpose of the Requested Disclosure of Protected Health Information

I am authorizing the release of my Protected Health Information for the following purposes (e.g. a purpose may be "at the request of the individual"):

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

Relation to patient: \_\_\_\_\_

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WWW.SNEEZEDOCTORS.COM

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