



2251 West Eldorado Parkway
Suite 150
McKinney, TX 75070

(P) 972-548-2797
(F) 972-548-2788
www.mckinney-allergy.com

AUTHORIZATION FOR RELEASE OF PATIENT MEDICAL RECORDS

Name: _____ DOB: ____/____/____

DATE: ____/____/____

Mailing Address: _____

Daytime phone: _____ Alternate phone: _____

I request to transfer care from _____

ADDRESS: _____

PHONE: _____ FAX: _____

and permit authorization for transfer of my medical records.

<p>To: McKinney Allergy and Asthma Center 2251 West Eldorado Parkway, Suite 150 McKinney, TX 75070 Phone: 972-548-2797 Fax: 972-548-2788</p>
--

Reason: _____

Please transfer the requested information:

- All Patient Records from your facility
- Allergy test results (lab, skin testing), Lab results, Spirometry
- Medical records from prior physicians that are currently in my chart
- ALLERGEN EXTRACTS FOR ALLERGY SHOTS AND ALLERGEN RECIPES
- Other _____

PATIENT/GUARDIAN SIGNATURE: _____

For office use only:

Date processed: ____/____/____

Office personnel: _____