



Allergy & Asthma Center
of Southern Oregon, PC
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Appointments 1-888-558-1003 Fax (541) 857-4499

RECORDS RELEASE FORM

Physician's Name _____

Physician's Address _____

Patient's Name _____ DOB _____

Please release the medical records regarding the above patient

_____ To: Allergy & Asthma Center of Southern Oregon, PC
3680 Crater Lake Avenue Suite A
Medford, OR 97504

_____ From Allergy & Asthma Center to: _____

We are especially interested in the following information:

_____ X-Ray Reports	_____ EKG Reports
_____ Laboratory Reports	_____ Summary of Clinical Impression
_____ Allergy Test Reports	_____ Contents (formula) of Allergy Extracts used in Immunotherapy
_____ Other _____	

Patient's Signature _____ Date _____