



# Allergy & Asthma Center

of Southern Oregon, PC

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## RECORDS RELEASE FORM

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Name \_\_\_\_\_

OR Clinic Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

\_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Physician's Fax # \_\_\_\_\_

Please release the medical records regarding the above patient

\_\_\_\_\_ To: Allergy & Asthma Center of Southern Oregon, PC  
3860 Crater Lake Avenue Suite A  
Medford, OR 97504  
Fax: 541-857-4499 Phone: 541-858-1003

\_\_\_\_\_ From Allergy & Asthma Center to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

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: \_\_\_\_\_

**Medford**  
Principle Office  
3860 Crater Lake Ave. Suite A  
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**Ashland**  
Satellite Office  
2262 Ashland Street  
Ashland, OR 97520

**Grants Pass**  
Satellite Office  
1722 Williams Hwy  
Grants Pass, OR 97526

**Klamath Falls**  
Satellite Office  
2628 Clover Street  
Klamath Falls, OR 97603

**Roseburg**  
Satellite Office  
123 Street Name  
Roseburg, OR 97571