Allergy & Asthma Center
of Southern Oregon, PC
Edward M. Kerwin, MD Kevin W. Parks, MD Ryan B. Israelsen, MD
Jaleh Ostovar, FNP-C Jennifer K. Milligan, PA-C Kary A. Kelly, FNP-C Tiffany R. Smith, PA-C
Phone (541) 858-1003 Fax (541) 857-4499

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: _____