

FAMILY ALLERGY CENTER, P.C.

14535 JOHN MARSHALL HIGHWAY SUITE 212 · GAINESVILLE, VIRGINIA 20155 · (571) 248-0245 · FAX (571) 248-0241

TAMARA S. SMITH, M.D.

MEDICAL RECORD RELEASE FORM

Please release To/From: Family Allergy Center
14535 John Marshall Highway Suite 212
Gainesville, VA 20155
571-248-0245

To/From: State name and complete address

The medical records for the following individual (s):

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Reason for transfer of Records:

- Relocation Change in insurance to: _____
 Other _____

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered. I understand I will be liable for the reasonable cost of any additional request for medical records from the first request.

Date: ____/____/____ Signed: _____

Relationship: _____

BUSINESS OFFICE USE ONLY

Mailed on ____/____/____

Picked up ____/____/____

Comments:

File copy to medical record.