ALLERGYSA.COM
Allergy, Asthma & Immunology
ASSOCIATES OF SOUTH TEXAS

Request for Medical Records

Date: _____

To: _____ **Patient:** _____

_____ **DOB:** _____

I hereby authorize the release of all my medical records and test results, including HIV test results, in your possession regarding my illness and/or treatment.

Please release:

- ☐ All available records
- ☐ All available records from the past 12 months
- ☐ All available records from _____ through _____
- ☐ X-Ray Reports
  - ☐ All X-Rays
  - ☐ Chest X-Ray
  - ☐ Sinus CT scan
  - ☐ Chest CT scan
  - ☐ Other: _____
- ☐ Lab tests
  - ☐ All available
  - ☐ Tests performed from _____ through _____
  - ☐ Specific: _____
- ☐ Allergy tests
  - ☐ Previous allergy skin tests
  - ☐ Previous allergy blood tests (eg., RAST, Immuno CAP)
- ☐ Immunotherapy (Allergy Shot) Records
  - ☐ Extract prescription/ingredients/recipe card
  - ☐ Allergy shot record/log from _____ through _____

☐ If possible, please fax ASAP as the patient is currently being seen in our office. Thank you!

Please fax records to:

- ☐ (210) 692-7833 Babcock Office
- ☐ (210) 932-2788 Barlite Office
- ☐ (210) 490-5102 Stone Oak Office

_____ I understand that I may revoke this authorization at any time by notifying the providing organization in writing and it will be effective on the date notified.

_____ I understand that in compliance with Texas State Board of Medical Examiners (TSBME), I will pay a fee of $25.00 for the first 20 pages and $0.50 for each additional page. The fee will be waived if records are requested from facilities for ongoing care, follow up treatment or for insurance payment.

_____ I understand that records should be released within two weeks of my request.

I release you, your physicians and employees from liability for following this authorization and request.
Thank you so much for your assistance.

_____ Signature

_____ Legal Guardian Signature

_____ Witness Signature

_____ Date *(Valid for 90 days from this date)*

Main Office:
Medical Center
2414 Babcock Rd. Ste 109
San Antonio, TX 78229

Southside:
SW Medical Bldg.
7500 Barlite Blvd. Ste 106
San Antonio, TX 78224

Stone Oak:
Physician Plaza 1
19016 Stone Oak Pkwy. Ste 250
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