



**Allergy
& Asthma**
Specialists of Michigan

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Sterling Heights, MI 48313

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Angela M. Iacobelli, M.D.

Darlene Brown, MSN, RN, NP-C

www.aasmich.com

RECORDS RELEASE FORM

Patient's Name: _____ DOB _____

Physician/Hospital Name: _____

Physician/Hospital Address: _____

Please release the medical records regarding the above patient to:

Allergy and Asthma Specialists of Michigan

Angela M. Iacobelli, M.D

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We are especially interested in the following information:

___ Sinus X-ray Report

___ Chest X-ray Report

___ Laboratory Reports

___ Last office visit notes

___ All Skin Testing Results

___ Contents (formula) of Allergy Extracts
used for Allergen Immunotherapy

___ Spirometry Results

___ Office visit notes

___ All Records

___ Sinus CT Report

___ Chest CT report

___ Skin biopsy report

Other: _____

I hereby authorize the release of my medical records as provided above.

Patient/Guardian's Signature

Date

