Allergy & Asthma Specialists of Michigan

Angela M. Iacobelli, M.D.
Darlene Brown, MSN, RN, NP-C

43417 Schoenherr Road
Sterling Heights, MI 48313

Phone: 586.981.0390
Fax: 586.803.3512

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
43417 Schoenherr Rd
Sterling Heights, MI 48313
Phone: 586-981-0390
Fax: 586-803-3512

We are especially interested in the following information:

____ Sinus X-ray Report

____ Laboratory Reports

____ All Skin Testing Results

____ Spirometry Results

____ All Records

____ Chest CT report

____ Chest X-ray Report

____ Last office visit notes

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

____ Office visit notes

____ Sinus CT Report

____ Skin biopsy report

Other: _____

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

_____ _____

Patient/Guardian's Signature **Date**