Bina Joseph, MD
Andrew Collins, MD

320 Settlers Trace Blvd
Lafayette, LA 70508
Phone: 337-981-9495
Fax: 337-981-7451

allergyla.com

Authorization for Release of Medical Records

From: ________________________________
____
____
____

Mail or Fax Records To:
Allergy, Asthma & Immunology Center of SWLA
320 Settlers Trace Blvd.
Lafayette, LA 70508
Fax: 337-981-7451

I, the undersigned, hereby authorize the above named individual or entity to release the following information from my medical record to the Allergy, Asthma & Immunology Center of SWLA.

The following information is being requested:

- ☐ History and Physical
- ☐ Discharge Summary
- ☐ Pathology Reports
- ☐ Laboratory Results
- ☐ Radiology Results
- ☐ Allergy Testing Results
- ☐ Pulmonary Function Studies
- ☐ Office Notes from ________ to ________
- ☐ Emergency Room Reports
- ☐ Other: ____________________________

This release may be revoked by me in writing at any time and will expire one year from the date below or sooner if by choice. If I wish to revoke this consent, it must be done in writing.

Patient Name: ______________________________ Date of Birth: _________________________

Signature: _________________________________ Date: ________________________________

Relationship: (if legal guardian): ____________________