

Allergy Associates
Frederick L. Bloom, M.D. / Donna M. Jamieson, M.D. / Ari Y Zelig, M.D.
2650 Bahia Vista Street Suite 304
Sarasota, FL 34239
941-366-9711

Authorization to release Medical Records

I hereby authorize _____

To release my Medical Record/Laboratory reports to:

Allergy Associates
Frederick Bloom, M.D. / Donna Jamieson, M.D. / Ari Zelig, M.D.
2650 Bahia Vista Street #304 Sarasota FL 34239
or fax to 941-957-0079.
(Please mail if more than 10 (ten) pages)

Skin Test Results Immunotherapy Extract ingredients
 Clinical Summary Injection Record Lab
 Other _____

Patient Name: _____
(PRINT)

Date of Birth: _____

Signature: _____

Parent/or legal guardian if patient is minor: _____

Witness: _____

Date: _____

Expiration date: _____

Allergy Associates
Frederick L. Bloom, M.D. / Donna M. Jamieson, M.D. / Ari Y. Zelig, M.D.
2650 Bahia Vista Street, Suite 304
Sarasota, FL 34239
941-366-9711
Fax 941-957-0079

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize Allergy Associates, Frederick Bloom, M.D.,
Donna Jamieson, M.D., Ari Zelig, M.D. to release my Medical Records to:

Skin Test Results Immunotherapy Extract Lab
 Clinical Summary Injection Record Other _____

Patient Name: _____

Date of Birth: _____

Signature: _____

Parent or Legal Guardian: _____

Witness: _____

Date: _____

Please be advised that we only release our medical records. If you are picking up your medical records we charge \$1.00 per page up to 25 pages, and .25 cents thereafter. Records released to another physician for continuing care are released to that physician's office at no charge.