



ALLERGY, ASTHMA & SINUS CENTER, P.A.

GURDEV (DAVE) S. JUDGE, M.D.

STEPHEN BEGLEY, P.A.-C

DIPLOMATE OF THE AMERICAN BOARD OF ALLERGY, ASTHMA AND IMMUNOLOGY
(A CONJOINT BOARD OF AMERICAN BOARDS OF INTERNAL MEDICINE AND PEDIATRICS)

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Wake Forest
1908 S. Main St., Suite 216
Wake Forest, NC 27587
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PATIENT MEDICAL RECORDS RELEASE FORM

Patient name: _____
Address: _____

DOB: _____
Phone: _____

I authorize **Allergy, Asthma & Sinus Center, P.A.**

To release the PHI (Protected Health Information) of above named patient to:

Establishment: _____ Phone: _____
Address: _____ Fax: _____

For the following reason(s):

The PHI should contain:

- The full health record
- The health record for the following time frame: _____ through _____
- A specific section of the health record: _____

I understand that this request may be revoked at any time in writing to the Allergy, Asthma & Sinus Center, P.A.

Signature of patient: _____ Date: _____
Signature of Authorized Personal Representative: _____
Relationship to Patient: _____