



**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)

**Cary**  
401 Keisler Drive, Suite 201  
Cary, NC 27518  
(919) 859-5966 • F: (919) 859-4993

**N. Raleigh**  
10931 Raven Rd., Suite 111  
Raleigh, NC 27614  
(919) 870-6440 • F: (919) 859-4993

**Wake Forest**  
1908 S. Main St., Suite 216  
Wake Forest, NC 27587  
(919) 562-7195 • F: (919) 859-4993

**PATIENT MEDICAL RECORDS REQUEST FORM**

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize (establishment): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Allergy, Asthma & Sinus Center, P.A.  
401 Keisler Drive, Ste. 201, Cary NC 27518  
Phone: 919-859-5966  
Fax: 919-859-4993**

**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: \_\_\_\_\_