



# Allergy Asthma & Sinus Center, P.C.

Board Certified  
in  
Allergy and Immunology

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South Strand Medical Center  
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Suite 104  
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Tuomey Medical Center  
100 N. Sumter Street  
Suite 405  
Sumter, SC 29150  
803-934-1488  
fax 803-934-8878

## REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby request and authorize:

From:

\_\_\_\_\_  
Physician's Name/Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone# Fax#

### TO RELEASE MY MEDICAL RECORDS TO:

\_\_\_ *Myself* \_\_\_ *Other Doctor's Office* \_\_\_ *Insurance Company*

\_\_\_\_\_  
Full name of entity to receive medical records  
Physician's Name

\_\_\_\_\_  
Their complete mailing address  
Physician's Address

\_\_\_\_\_  
City State Zip Code

\*\*\*\*\*

\_\_\_\_\_  
Patient's Full Name

\_\_\_\_\_  
Date of Birth SSN

\_\_\_\_\_  
Patient Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Patient's Signature (Parent if under 18) Date

Please send my medical records via:

\_\_\_ Mail \_\_\_ Pick-up \_\_\_ Fax# ( ) \_\_\_\_\_