

FAMILY ALLERGY CENTER, P.C.

13890 BRADDOCK ROAD SUITE 206 · CENTREVILLE, VIRGINIA 20120 · (703)263-2333 · FAX (703)263-0361

KENNETH R. BERGMAN, M.D.
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MEDICAL RECORD RELEASE FORM

Please release To/From: Family Allergy Center
13890 Braddock Road Suite 206
Centreville, VA 20120
703-263-2333

To/From: State name and complete address

The medical records for the following individual (s):

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Reason for transfer of Records:

- Relocation Change in insurance to: _____
 Other _____

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered. I understand I will be liable for the reasonable cost of any additional request for medical records from the first request.

Date: ____/____/____ Signed: _____

Relationship: _____

BUSINESS OFFICE USE ONLY

Mailed on ____/____/____

Picked up ____/____/____

Comments:

File copy to medical record.