

ALLERGY and ASTHMA INSTITUTE  
OF THE VALLEY

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*Adult, Pediatric Allergy & Immunology  
Diplomate of The American Board Of Allergy And Immunology*

10515 Balboa Blvd. Suite #390  
Granada Hills, Calif 91344

12626 Riverside Dr. Suite #404  
Studio City, Calif 91607

Phone: (818) 366- 8112  
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Email: [info@asthmadoc.com](mailto:info@asthmadoc.com)

**RELEASE OF MEDICAL RECORDS**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(PLEASE PRINT)

PLEASE FILL IN THE NAME OF THE MEDICAL OFFICE THAT YOU NEED  
YOUR RECORDS FROM:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City & Zip Code)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE SEND THE ABOVE NAMED PATIENT RECORDS TO:

Allergy & Asthma Institute of the Valley  
10515 Balboa Blvd. #390  
Granada Hills, Ca 91344  
Ph: 818 366-8112 Fax: 818 366-6002

All medical records

Immunization records

X-ray /lab reports

Allergy test results

Immunotherapy records

Allergy antigens

I understand that this consent is valid for one year. It can be revoked at any time upon written request.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_