Family Allergy & Asthma Care Consultants, LLC
Shankar Lakhani, MD Board Certified Allergy & Asthma Care
Diplomate, ABAI, ABP
Renee Cumens, PA-C

Release of Medical Records

Date: _____

I hereby authorize Family Allergy and & Asthma Care Consultants to obtain a copy of all my medical records from:

Physician's Name_____

Address_____

Phone_____Fax_____

PATIENT INFORMATION

Patient Name (PRINT) _____

Patient Address: _____

Social Security #_____Date of Birth_____

Patient/Guardian Signature_____

Witness: _____

Date Rec'd _____

By_____

200 BANNING STREET, SUITE 280, EDEN HILL MEDICAL CENTER
DOVER, DE 19904.
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