

Dr. Helbing Allergy & Asthma Associates, Ltd.

Claus K. Helbing, M. D., Ph. D.

Amir H. Shahlaee, M.D.

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6210 Old Keene Mill Ct., Springfield, VA 22152, Telephone (703) 451-1210, Fax: (703) 451-1625

Medical Records Release Form

Patient Name:(printed) _____ Phone #: _____

Date of Birth: ____/____/____

To Whom It May Concern:

I authorize permission to release my records to the office of Dr. Helbing Allergy & Asthma Associates.

Please send: Allergy Test Results Spirometry Reports Office Notes

All Records Other: _____

Please mail or fax records to Dr. Helbing Allergy & Asthma Associates

Dr. Claus Helbing, M.D., PhD.

Dr. Amir H. Shahlaee, M.D.

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Sincerely yours,

Patient Signature

DATE: _____