

**Western Springs Asthma & Allergy SC**  
5600 S. Wolf Road, Suite 135  
Western Springs, IL 60558  
Office: (708) 246 – 4515 Fax: (708) 246 – 4502  
**Board Certified in Allergy, Asthma & Immunology**

**RECORDS RELEASE FROM OUR PRACTICE**

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Records during the time period of \_\_\_\_\_ to \_\_\_\_\_

Requesting records from: WESTERN SPRINGS ASTHMA & ALLERGY

Records should be released to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records to Include:

- Most recent progress note
- Allergy skin Testing
- Patch Testing results
- Spirometry/PFT
- IgE ImmunoCap/RAST (allergy blood tests)
- Other blood test laboratory Results
- Radiology Reports (X-rays, CT, MRI)
- Immunotherapy (allergy injections) Schedule
- Other: \_\_\_\_\_

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Relationship if Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness