DENNIS H. KIM, M.D.
STEPHEN J. KORNFELD, M.D., FAAAAI, FACAAI

Diplomate of American Board of Allergy and Immunology-Adult and Pediatric

34041 U.S. Highway 19 North, Suite D, Palm Harbor, Florida 34684
Phone (727) 787-6744 Fax (727) 786-3561

AUTHORIZATION FOR REQUEST OF MEDICAL RECORDS

I hereby authorize the release of my medical records or copies of such records and request that they be sent to the facility listed below. I consent to the release of protected health information which may be necessary for treatment, health care operations or other purposes permitted/required by law.

Date: _____
Patient Name: _____
Date of Birth: _____

From: _____

Address: _____

City: _____ State**:** _____ Zip Code**:** _____

To: **Dennis H. Kim, M.D.**
Stephen J. Kornfeld, M.D., FAAAAI, FACAAI
34041 U.S. Highway 19 North, Suite D
Palm Harbor, FL 34684

Signature: _____ _____
(Signature of Patient or Legal Guardian) *(Relationship to Patient)*

_____ _____
(Print Name of Patient or Legal Guardian) *(Today's Date)*

This authorization will expire one year from date above.
For Office Use Only: Date of Disclosure: _____
By: _____