



PRINCETON

ALLERGY & ASTHMA ASSOCIATES, P.A.

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Records Release Request

I, _____, hereby request that the following records of patient
_____, Date of Birth _____, Phone # _____:

_____ Record summary-office notes, lab, x-rays, consults and hospital reports, etc. **

_____ Specific requests _____

_____ be obtained from:* _____ Please send to: (Name & address)

Princeton Allergy & Asthma Associates
24 Vreeland Drive
Skillman, NJ 08858

_____ I will continue to be an active patient at Princeton Allergy & Asthma Associates

_____ I will no longer be receiving medical care at Princeton Allergy & Asthma Associates

***I understand I will be responsible for a fee of \$10.00 for the processing of this request.**

Signature of patient or legal guardian _____ Date _____

If you would like to pay your records fee of \$10.00 by credit card, please do so below.

___ MC ___ Visa Card # _____ Exp Date _____

Name on card _____ Signature _____

- OR -

_____ be obtained from (Name & address) _____ Please send to:

_____ Princeton Allergy & Asthma Associates
_____ 24 Vreeland Drive
_____ Skillman, NJ 08858

Signature of patient or legal guardian _____ Date _____

**These records may include the diagnosis, treatment and prognosis of any psychiatric, AIDS or AIDS related syndromes, substances abuse information, doctor's liens or communications from attorneys, other individuals or companies concerning my health status. I understand that I have the right to refuse or modify this authorization. I release Princeton Allergy & Asthma Associates, P.A. from any legal liability that may arise from the release or acquisition of this information. All information is to be kept strictly confidential and any further disclosure is prohibited by law. The above consent pertains only to the above named individual and the records may not be released to any other parties without my specific prior written consent.

Princeton
24 Vreeland Drive
Skillman, NJ 08858
Phone: (609) 921-2202
Fax: (609) 924-1468
www.princetonallergy.com

Plainsboro
666 Plainsboro Road
Building 100 B
Plainsboro, NJ 08536
Phone: (609) 799-8111
Fax: (609) 799-2522

Hamilton
1245 Whitehorse Mercerville Rd
Building A, Suite 421
Hamilton, NJ 08619
Phone: (609) 888-1555
Fax: (609) 888-1126

Flemington
5 Walter E. Foran Blvd.
Town Centre Professional Park
Suite 2000
Flemington, NJ 08822
Phone: (908) 782-0093
Fax: (908) 782-3521