Patient Name: ______________________ Date of Birth: ______________

I hereby authorize John Van Wagoner, M.D. to release medical records.

Southwest Allergy & Asthma Center
6101 Windcom Court, Suite 400
Plano, TX 75093
Office Phone: 972-398-3500
Office Fax: 972-398-3512
www.SouthwestAllergy.com

Reason for release:____

Please send/release medical records to:

John Meiser, M.D.
Name

7002 Lebanon, Suite 103
Address

Frisco, TX 75034
City, State, Zip

Daytime Phone: ____________ (Hm/Wk/Mb) Alt. Phone: ____________ (Hm/Wk/Mb)

Signature_____________________________________ Date: _____________
If minor, parent or legal guardian must sign

_______________ Relationship to Patient ____________________________________ Print name of Parent or Legal Guardian

_________________________ Witness ________________ Date