



ALLERGY & ASTHMA CONSULTANTS, LTD.

Mark E. Kaplan, M.D.
Stacie A. McMurtry, M.D.
Joel S. Klein, M.D.
Sandra N. Denman, PA-C

36100 N Brookside Drive, Suite # 203
Gurnee, IL 60031
Phone: (847) 855-1570
Fax: (847) 855-1890

1160 Park Avenue West, Suite 3 South
Highland Park, IL 60035
Phone: (847) 432-0200
Fax: (847) 432-0201

1800 Hollister Drive, Suite # 106
Libertyville, IL 60048
Phone: (847) 549-7711
Fax: (847) 549-1020

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____
(If 18 or older)

Allergy & Asthma Consultants, Ltd.

I request and authorize **Gurnee, Highland Park, or Libertyville, IL** to
release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Reason for request: Relocation PCP Request Insurance Request Attorney Request

Second Opinion Due To Insurance Change Dissatisfied Other

X _____ **Relation to patient?: SELF / PARENT / LEGAL GUARDIAN**
(PRINT YOUR NAME CLEARLY)

Patient/Guardian
Signature: X _____ **Date**
Signed: X _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.