



Southwest Allergy And Asthma Center, P.A.

Medical Records Location

You may be seen in either office, but we need to know where you would like us to keep your medical records.

Oak Hills

I authorize Southwest Allergy And Asthma Center, P.A. to maintain my

_____ medical records at Oak Hills

_____ allergen immunotherapy at Oak Hills

Stone Oak

I authorize Southwest Allergy And Asthma Center, P.A. to maintain my

_____ medical records at Stone Oak

_____ allergen immunotherapy at Stone Oak

Westover Hills

I authorize Southwest Allergy And Asthma Center, P.A. to maintain my

_____ medical records at Westover Hills

_____ allergen immunotherapy at Westover Hills

Name of patient: _____

Date of Birth: _____

Patient Phone Number: _____

Signature: _____ **Date:** _____