

Paul F. Wubbena, Jr. M.D., P.A.

Diplomate, American Board of Allergy and Immunology

Infants, Children and Adults

Patient/Parent request and authorization for release of records from Paul F. Wubbena, Jr. M.D.

I, _____ do hereby authorize Dr. Wubbena to release records on
(Patient or Guardian)

_____ with date of birth _____
(Patient) (Patient's DOB)

to the following complete address:

Patient or Guardian signature _____

Date _____ Relationship to Patient _____

Records requested:

- A. Summary/Consultation Report
- B. Skin testing record
- C. Laboratory tests
- D. Spirometry
- E. Progress notes
- F. Drug allergies
- G. Other (specify)

***PLEASE ALLOW 5 – 10 BUSINESS DAYS TO COMPLETE YOUR REQUEST.**

FAX Form to: (904) 646-7997

OR

MAIL Form to: 11267 Harbour Woods Rd S – Jacksonville, FL 32225