

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

Diplomate, American Board of Allergy and Immunology

Infants, Children and Adults

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## **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:

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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