

**The Allergy and Asthma Clinic
290 Baldwin Avenue
San Mateo, CA 94401
Phone (650) 343-4597 Fax (650) 343-3402**

Date: _____

Patient's Name: _____ DOB: _____

Physician: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Dear Colleague:

The above patient has consulted me for a medical evaluation. I would be grateful for a brief abstract of your knowledge of this individual's medical problems, including pertinent laboratory and x-ray results. If allergy testing was performed, I would appreciate a copy of the test results.

If it is more convenient to send a copy of the patient's records/chart notes, this is acceptable. A signed permit to release this data is included with this letter.

Thank you very much.

Sincerely,

Andrew C. Engler, M.D.
.....

Date: _____

I hereby release _____ to send my medical records or any medical information concerning me to Andrew C. Engler, M.D.

Signed: _____

Address: _____

Telephone: _____

WITNESS: _____