

**Topeka Allergy
& Asthma Clinic**

James H. Ransom, M.D.
Karl K. Kavel, M.D.
Roxana Voica, M.D.
Fleming Place Office Park
1123 S.W. Gage Blvd.
Topeka, Ks. 66604-1781
(785) 273-9999
(800) 657-7217
Fax (785) 273-8441
www.topekaallergy.com

Patient Name: _____
Please Print

Date of Birth: _____ Social Security No.: _____

Legal Guardian (if applicable): _____
Please Print

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

CONSENT TO OBTAIN INFORMATION

I hereby authorize (Name): _____

Address: _____ City: _____ State: _____ Zip: _____

to release, verbally or in writing, any information contained in the record of the above named person, to **Topeka Allergy & Asthma Clinic, P.A.** for the purpose of: _____

Include the following information when releasing records: _____

Witness: _____ Signature: _____ Date: _____

CONSENT TO RELEASE TOPEKA ALLERGY & ASTHMA CLINIC INFORMATION

I hereby authorize **Topeka Allergy & Asthma Clinic, P.A.** to release, verbally or in writing, information contained in the record of the above named patient as of the date below. This data may be released to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

for the purpose of _____

Include the following information when releasing records: _____

Witness: _____ Signature: _____ Date: _____

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER DATE OF SIGNATURE ON THIS FORM