Topeka Allergy & Asthma Clinic
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:_____

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