Matthew P. Mardiney, MD
ADVANCED
ALLERGY & ASTHMA
CENTERS

Authorization for Release of Medical Records

To Mardiney Asthma Allergy and Immunology Centers,

You are authorized to release to Advanced Allergy & Asthma Centers, any and all medical records related to the treatment that I (my son / my daughter) have received from your office.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

_____

Patient Phone Number: _____

_____ _____

Signature of patient or Parent of Minor Child Date

_____ _____

Print name of Authorizing Person Relationship to Patient

Please return to Mardiney Asthma, Allergy and Immunology Centers By fax at 410-461-2853 or by mail to: 3105 N. Ridge Road, Ellicott City, MD 21043

Bel Air
2225 Old Emmorton Rd, Suite 111
Bel Air, MD 21015
443-987-6998

Towson/Lutherville
1300 York Rd, Suite 30D
Lutherville, MD 21093
443-519-2128

Contact Us
Toll Free 855-871-3347

baltimoreallergist.com

Dedicated to excellence in both adult and pediatric allergy

American Board of Allergy and Immunology