



Allergy Immunology Clinic of East Bay

2320 Woolsey St, Ste 314, Berkeley, CA 94705
(925) 270- 5119

I hereby authorize the release of my medical records:

From:	To: Allergy and Immunology Clinic Nataliya M Kushnir, MD 2320 Woolsey St, Ste#314 Berkeley, CA 94705 Tel: (925)270-5119 Fax: (510) 666-0916
Please include: <input type="checkbox"/> All paper medical records <input type="checkbox"/> All electronic medical records <input type="checkbox"/> All tests results in-clinic <input type="checkbox"/> All laboratory results	

Patient:

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Last name

First name

Middle initial

Date of birth

Signature

Date

Nataliya M. Kushnir, M.D.