



# FAIRFIELD COUNTY ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.C.

ADULT AND PEDIATRIC ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY  
DIPLOMATES OF THE AMERICAN BOARD OF ALLERGY & IMMUNOLOGY  
148 EAST AVENUE, SUITE 3G, NORWALK, CT 06851 (203) 838-4034

MITCHELL R. LESTER, M.D.  
MARK D. LITCHMAN, M.D.  
AYMERIC LOUIT, M.D.  
AGNES MATCZUK, M.D.  
JOSEPH SPROVIERO, M.D., PH.D.  
AUDREY BREGANTE, C.P.N.P.

## RECORDS REQUEST

Date \_\_\_\_\_

Please provide all information FCAAIA may request pertaining to my medical records, including laboratory studies and Radiology reports as designated below:

\_\_\_\_\_  
Patient/Parent's name (print)

\_\_\_\_\_  
Patient/ Parent's signature

Patient's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Patient's Previous or Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Approximate Period of Care: \_\_\_\_\_ to \_\_\_\_\_

The following records are requested:

- \_\_\_\_\_ History and Physical
- \_\_\_\_\_ Discharge Summary
- \_\_\_\_\_ Consultation Reports
- \_\_\_\_\_ Progress Notes or Summary
- \_\_\_\_\_ Laboratory Reports
- \_\_\_\_\_ All Skin Test/RAST Results
- \_\_\_\_\_ Exact Composition Allergenic Extract; Antigens, Concentration and Manufacturer
- \_\_\_\_\_ Radiology Reports: X-Ray, MRI, CT Scan, etc.
- \_\_\_\_\_ Pulmonary function studies

Your cooperation is appreciated. Thank you