

**FAMILY ALLERGY & ASTHMA CONSULTANTS**  
**Sudhir Prabhu, M.D. Sunil Joshi, M.D. Hary Katz, M.D.**  
**4123 University Blvd. S. Suite B, Jacksonville, FL 32216**  
**(904) 636-9100**

**Patient/Parent Request and Authorization for Release of FAAC Medical Records**

I, \_\_\_\_\_ do hereby authorize Family Allergy &  
Asthma Consultants to release records on \_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Birth Telephone # Address

to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian's Signature Date

**We prefer that the treating physician request specific records he or she may need for your care.**

**Please Note:**

The fee for this service, as allowed by the Florida Statute, is:  
The first 8 pages per year are provided at no charge. Each page thereafter is \$1.00 per page for the first 25 pages and \$0.25 per page thereafter. Insurance carriers consider this a non-covered service.