

Allergy and Asthma Center  
6824 Elm St, Ste 120  
McLean, VA 22101  
Tel: 703-992-7065

**Patient Authorization for Parent/Guardian/Other to Access Medical Records and  
Communicate with Provider(s)**

This signed document authorizes the Allergy and Asthma Center, Anita N. Wasan MD PLC, to communicate with the following authorized personnel regarding my medical care and/or to receive any medical records. I release the Allergy and Asthma Center of any and all liability regarding my medical record communication.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Names and Dates of Birth of Authorized Personnel Allowed to Access Records:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Signature of

Patient: \_\_\_\_\_

Date of Signature: \_\_\_\_\_